



SPENCER COUNTY TAX ADMINISTRATOR

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form



- 1. Salaries, wages, commissions & other compensation paid all employees for services in SPENCER CO \$ _____
- 2. Tax Due at - 0.80% \$ _____
- 3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
- 4. Penalty (per annum) - 5.00% \$ _____
- 5. Interest (per annum) - 12.00% \$ _____
- 6. BALANCE DUE \$ _____

7. Overpayment to be credited to next quarter \$ _____

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____

Official Title _____ Date _____

Account No.

Phone Number



Indicate any name or address change above.

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No.

Make checks payable and mail to:

SPENCER COUNTY

PO BOX 1160
MARIETTA OH 45750-1160

Phone: (502) 477-2997
Fax: (502) 477-2998
Email: stephanniesmi

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Form OCC-3PT Rev. 9/27/02