



# Madison County Finance Office

## EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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



1. Number of Employees	
2. Salaries, wages and commissions paid to employees performing services.	\$ _____
3. Adjustment of exempt wages (outside Madison Co.)	\$ _____
4. Taxable earnings Madison Co.	\$ _____
<b>5. TOTAL LICENSE FEE DUE (LINE 4 X .01)</b>	\$ _____
6. Late Filing Penalty - 5% per month, max of 25%, Min. \$25.00	\$ _____
7. Interest Penalty - 12% per annum or portion of year.	\$ _____

Indicate any name or address change above.	
Account Number	_____
Phone Number	_____
Signed _____	Date ____ / ____ / ____
Official Title _____	

FOR PERIOD ENDING	
Month	Day Year
RETURN DUE ON OR BEFORE	
Month	Day Year

PLEASE MAKE CHECKS Payable and mail to:  
**Madison County Finance Office**  
 P.O. Box 547  
 Richmond, KY 40476-0547  
 Phone: (859) 624-4742  
 Fax: (859) 624-4027

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

Form MC100 Rev. 05/15/2007