

**BUTLER COUNTY Employer's Quarterly Return Withholding Tax**

PO Box 608  
Morgantown, KY 42261

270-526-3433  
skeown@butlercountyky.gov

Financial Term \_\_\_\_\_ Year \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**BUSINESS LOCATION:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**MOBILE NUMBER:** \_\_\_\_\_  
**# OF EMPLOYEES:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

<b>PERIOD BEGINNING:</b>	_____
<b>PERIOD ENDING:</b>	_____
<b>RETURN DUE:</b>	_____

**MAKE CHECKS PAYABLE TO:**  
**Butler County Treasurer**  
PO Box 608  
Morgantown, KY 42261

1. Total Gross Wages, Salaries and Other Compensation Paid	\$ _____
2. Less Compensation Paid for Services Outside of BUTLER COUNTY	\$ _____
3. Taxable Earnings (line 1 minus line 2)	\$ _____
4. Withholding Tax Due (line 3 x 1%)	\$ _____
5. Penalty (*5% per calendar month or portion thereof of line 4, not to exceed 25%) minimum \$25.00	\$ _____
6. Interest (*12% per year or 1% per calendar month or portion thereof of line 4)	\$ _____
7. TOTAL (Add Lines 4, 5, 6)	\$ _____

*\* Penalty and Interest will be assessed if payment is not made on or before the due date.*

Notify this office if change of tax entity, name or address.

\*This form must be returned even if no wages paid during this period.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_