

**CITY OF OWENSBORO AND DAVIESS COUNTY FISCAL COURT
EMPLOYER'S AMENDED RETURN OF LICENSE FEE WITHHELD**

**(FOR PERIODS ENDING AFTER
1/1/2020 ONLY)**

<u>NAME, ADDRESS AND PHONE NUMBER</u>
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Account No: _____

Period Beginning: _____

Period Ending: _____

Due Date: _____

PART I (COMPLETE PART II ON BACK)

WAGE INFORMATION: FROM FORM E-1	As Originally Reported or Adjusted	Net Change Increase or Decrease	Correct Amount
TOTAL GROSS WAGES, SALARIES AND OTHER COMPENSATION PAID:			
1A. City of Owensboro			
1B. Daviess County			
LESS COMPENSATION NOT SUBJECT TO LICENSE FEE:			
2A. City of Owensboro			
2B. Daviess County			
EARNINGS SUBJECT TO LICENSE FEE:			
3A. City of Owensboro (Line 1A minus Line 2A)			
3B. Daviess County (Line 1B minus Line 2B)			
LICENSEE FEE DUE:			
4A. City of Owensboro (1.78% of Line 3A)			
4B. Daviess County (.70% of Line 3B)			
PENALTY: (5% per calendar month not to exceed 25%, \$25 minimum)			
5A. City of Owensboro			
5B. Daviess County			
INTEREST: (1% per calendar month or fraction thereof)			
6A. City of Owensboro			
6B. Daviess County			
TOTAL AMOUNT DUE:			
7A. City of Owensboro (Add Lines 4A, 5A and 6A)			
7B. Daviess County (Add Lines 4B, 5B and 6B)			
PAYMENTS			
LICENSEE FEE, INTEREST AND PENALTY PAID WITH ORIGINAL RETURN:			
8A. City of Owensboro			
8B. Daviess County			
PAYMENTS NOT CLAIMED ON THE ORIGINAL RETURN:			
9A. City of Owensboro			
9B. Daviess County			
TOTAL PAYMENTS:			
10A. City of Owensboro (Line 8A plus 9A)			
10B. Daviess County (Line 8B plus Line 9B)			

REFUND OR AMOUNT DUE

REFUND, IF ANY, SHOWN ON ORIGINAL RETURN:	
11A. City of Owensboro	
11B. Daviess County	
TOTAL ADJUSTED PAYMENTS:	
12A. City of Owensboro (Line 10A minus Line 11A)	
12B. Daviess County (Line 10B minus Line 11B)	
TOTAL AMOUNT DUE:	
13A. City of Owensboro: If Line 7A of Column III is more than 12A, enter the amount due	
13B. Daviess County: If Line 7B of Column III is more than Line 12B, enter the amount due	
TOTAL REFUND DUE:	
14A. City of Owensboro: If Line 7A of Column III is less than Line 12A, enter the refund due	
14B. Daviess County: If Line 7B of Column III is less than Line 12B, enter the refund due	

PART II

Give a brief explanation why this amended return is being filed.

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature and Phone Number of Preparer

Date

Signature of License Fee Payer

STATUE OF LIMITATIONS

No refund shall be made on a filed return two (2) years after the date the overpayment is made.

MAIL TO: OCCUPATIONAL TAX ADMINISTRATOR
PO BOX 10008
OWENSBORO KY 42302-9008
TELEPHONE NUMBER: (270) 687-5600