

TAX OFFI	CE USE ONLY
RECEIVED	
CHECK #	
AMOUNT	
G/L	
INITIALS	

ANNUAL INDIVIDUAL LICENSE FEE RETURN**

Every individual who worked within Rowan County and obtained earnings from salaries, wages, commissions, or other compensation received from one or more employers must file this form. It is filled out by individuals receiving compensation where the Rowan County License Fee of 1.5% was NOT deducted. This return is to be made for the same period as your federal income tax return. List all information in connection with your employment where the employer did not without the License Fee. Earning include salaries, wages, commission, tips, bonuses, incentive payments, etc., whether received directly or through an agent; and whether in was paid in cash or property for services rendered within Rowan County. Board, lodging, and similar items must be included as earnings as their fair market value. An individual shall be liable to a fine and imprisonment as provided by ordinance for failure to file a return or to pay the license fee or in filing a fraudulent return. Interest and penalties are also levied for late filing. Sick pay may be deducted to the extend of that allowed for federal tax purposes. You may elect to prepay future taxes via voucher on FIN05-06/19.

FEIN/SSN		Year Ending	Due Date
TAXPAYER NAME			
Address	٠		
City	Enter total number of working Rowan County	ng days employed outside of	
State/Zip	2. Enter total number of workin	ng days employed in all	
Contact Name	Counties		
Phone #	Enter outside Rowan County by line 2)	y percentage (Line 1 divided	
Email	4. Enter GROSS INCOME (inc	duding Annual leave	
Submit all name, address or ownership changes on form ADM01-06/19.	Vacation, Sick and Holiday Pay	` •	
SAFE SCHOOLS HEALTHY STUDENTS	5. Enter income earned outside line 3)	e Rowan County (Line 4 times	
	6. ADJUSTED GROSS INCOM	ME (Line 4 minus line 5)	
	7. License Fee due at 1.5%		
	8. Interest 5% per month		
	9. Penalty 1% per month or fra	action of Month	
	10. TOTAL (Sum of lines 7, 8,	and 9)	
**If the licensed payer has conducted a business or received revenue from other sources (rental property, sale of business assets, or similar passive business revenue), the return must be made on the Net Profits License Fee Return (FIN04-06/19).	•	nates paid	
	12. BALANCE DUE (if line 12	exceeds line 11)	
	13. REFUND DUE (if line 11 e	xceeds line 12)	
	Individual must include copy of	W-2 and employer letter stating fil Rowan County.	er worked outside of
I certify that the information contained	d herein and any schedules or e	xhibits attached are correct	
 Signature		le	 Date
Mail to:	Rowan County Finance Dir		_ 3
	P.O. Box 607		
	Morehead, KY 40351-0607 (606)784-6218		
	rowanocctax@gmail.com		

Information obtained from this form, including the business name, business address, names of owner(s) and agent(s) of the business, and whether or not the business is delinquent in the payment of its taxes is subject to public disclosure. All proprietary and confidential information exempt from disclosure under the Kentucky Open Records Act shall be confidential and shall not be disclosed.