



• EMPLOYER, NOT PREPARER, IS RESPONSIBLE FOR ALL INFORMATION AND PAYMENTS.
 • SEE BACK FOR FILING INSTRUCTIONS
 • QUESTIONS OR ASSISTANCE CALL (859)392-1440
 • DO NOT STAPLE THIS FORM OR ATTACHMENTS
 REMIT WITH PAYMENT TO: KENTON COUNTY FISCAL COURT
 PO BOX 706237 CINCINNATI OH 45270
 REMIT WITHOUT PAYMENT TO: KENTON COUNTY FISCAL COURT
 PO BOX 792 COVINGTON KY 41012

KENTON COUNTY & CITIES, KENTUCKY
 EMPLOYEE'S QUARTERLY WITHHOLDING
 FORM QCC1 - REV 11/2022
 DBA, Name & Mailing Address:

OFFICE USE ONLY (DO NOT WRITE IN THIS SPACE)

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|----------------|------|---------|----------|
| ACCOUNT NUMBER | YEAR | QUARTER | DUE DATE |
|----------------|------|---------|----------|

I DECLARE UNDER PENALTY OF PERJURY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND A COMPLETE RETURN.

SIGNATURE REQUIRED _____ DATE _____

PRINT NAME _____ TELEPHONE _____ TITLE _____

FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER _____

| COLUMN 1 COUNTY & CITY | COLUMN 2 TOTAL EARNINGS | COLUMN 3 EXCLUDED EARNINGS | COLUMN 4 SUBJECT EARNINGS | COLUMN 5 WITHHOLDING RATE | COLUMN 6 FEE DUE | COLUMN 7 PENALTY | COLUMN 8 INTEREST | COLUMN 9 TOTAL FEE DUE |
|------------------------------|----------------------------|-------------------------------|------------------------------|------------------------------|---------------------|---------------------|----------------------|---------------------------|
| KENTON COUNTY UNDER \$80,100 | | | | | | | | |
| KENTON COUNTY OVER \$80,100 | | | | | | | | |
| BROMLEY | | | | | | | | |
| CRESCENT SPRINGS | | | | | | | | |
| CRESTVIEW HILLS | | | | | | | | |
| EDGEWOOD | | | | | | | | |
| ELSMERE | | | | | | | | |
| ERLANGER | | | | | | | | |
| FORT MITCHELL | | | | | | | | |
| FORT WRIGHT | | | | | | | | |
| INDEPENDENCE | | | | | | | | |
| LAKESIDE PARK | | | | | | | | |
| LUDLOW | | | | | | | | |
| PARK HILLS | | | | | | | | |
| RYLAND HEIGHTS | | | | | | | | |
| TAYLOR MILL | | | | | | | | |
| VILLA HILLS | | | | | | | | |
| TOTAL: | | | | | | | | |

EMPLOYEE LIST

EXCLUDED EMPLOYEE EARNINGS - SEE FILING INSTRUCTION

TOTAL AMOUNT DUE

| EMPLOYEE NAME | SOCIAL SECURITY# | GROSS EARNINGS THIS QUARTER | COLUMN A EARNINGS AMOUNT OVER KENTON COUNTY MAXIMUM | COLUMN B EARNINGS AMOUNT OVER CITY MAXIMUM | COLUMN C EARNINGS AMOUNT IN OTHER JURISDICTIONS | COLUMN D CITY & STATE WHERE COLUMN C EARNINGS EARNED |
|--------------------------|------------------|-----------------------------|--|---|--|---|
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| TOTAL # EMPLOYEES | | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL |