

MAYBERRY COUNTY, KENTUCKY
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD
 *If no wages were paid this period, mark none and return this form.

1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. \$ _____ 2. Employee license fee withheld @ \$ _____ 3. Credits (attach explanation) \$ _____ 4. Add interest @ _____ per anum \$ _____ 5. Add penalty late payment @ _____ per anum \$ _____	6. Balance due \$ _____ \$0.00 7. Overpayment to be credited to next quarter \$ _____ I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct. Signed _____ Title _____
---	--

Employer JOHN SMITH ABC PLUMBING SERVICE 121 S MAIN ST SUITE 202 LEXINGTON KY 40502	Account No. 00002 Phone No. (859) 255-1217	FOR PERIOD ENDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td align="center">03</td> <td align="center">31</td> <td align="center">2003</td> </tr> </table>	Month	Day	Year	03	31	2003	Make checks payable and mail to: MAYBERRY COUNTY, KENTUCKY PO BOX 5555 MAYBERRY KY 55555 Phone: (555) 555-3300 E-Mail:
Month	Day	Year							
03	31	2003							

Indicate any name or address changes above. *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. 000000 Form SCOC-Q Rev. 1/12/01

MAYBERRY COUNTY, KENTUCKY
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD
 *If no wages were paid this period, mark none and return this form.

1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. \$ _____ 2. Employee license fee withheld @ \$ _____ 3. Credits (attach explanation) \$ _____ 4. Add interest @ _____ per anum \$ _____ 5. Add penalty late payment @ _____ per anum \$ _____	6. Balance due \$ _____ \$0.00 7. Overpayment to be credited to next quarter \$ _____ I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct. Signed _____ Title _____
---	--

Employer JAMES WILSON BURGERMART INC. 415 ABBY WAY LEXINGTON KY 40526	Account No. 00003 Phone No. (859) 273-9818	FOR PERIOD ENDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td align="center">03</td> <td align="center">31</td> <td align="center">2003</td> </tr> </table>	Month	Day	Year	03	31	2003	Make checks payable and mail to: MAYBERRY COUNTY, KENTUCKY PO BOX 5555 MAYBERRY KY 55555 Phone: (555) 555-3300 E-Mail:
Month	Day	Year							
03	31	2003							

Indicate any name or address changes above. *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. 000000 Form SCOC-Q Rev. 1/12/01

MAYBERRY COUNTY, KENTUCKY
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD
 *If no wages were paid this period, mark none and return this form.

1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. \$ _____ 2. Employee license fee withheld @ \$ _____ 3. Credits (attach explanation) \$ _____ 4. Add interest @ _____ per anum \$ _____ 5. Add penalty late payment @ _____ per anum \$ _____	6. Balance due \$ _____ \$20.00 7. Overpayment to be credited to next quarter \$ _____ I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct. Signed _____ Title _____
---	---

Employer SAMUEL WIGGINGTON, SR. WIGGINGTON FINANCIAL SERVICES 444 N SUMMER ST SUITE 802 LEXINGTON KY 40502	Account No. 00004 Phone No. (859) 254-6399	FOR PERIOD ENDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td align="center">03</td> <td align="center">31</td> <td align="center">2003</td> </tr> </table>	Month	Day	Year	03	31	2003	Make checks payable and mail to: MAYBERRY COUNTY, KENTUCKY PO BOX 5555 MAYBERRY KY 55555 Phone: (555) 555-3300 E-Mail:
Month	Day	Year							
03	31	2003							

Indicate any name or address changes above. *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. 000000 Form SCOC-Q Rev. 1/12/01

MAYBERRY COUNTY, KENTUCKY
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD
 *If no wages were paid this period, mark none and return this form.

1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. \$ _____ 2. Employee license fee withheld @ \$ _____ 3. Credits (attach explanation) \$ _____ 4. Add interest @ _____ per anum \$ _____ 5. Add penalty late payment @ _____ per anum \$ _____	6. Balance due \$ _____ \$331.10 7. Overpayment to be credited to next quarter \$ _____ I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct. Signed _____ Title _____
---	--

Employer JOHN JACKSON JACKSON CONSTRUCTION CO. 3433 WEST LIBERTY ROAD LEXINGTON KY 40502	Account No. 00005 Phone No. (859) 663-9494	FOR PERIOD ENDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td align="center">03</td> <td align="center">31</td> <td align="center">2003</td> </tr> </table>	Month	Day	Year	03	31	2003	Make checks payable and mail to: MAYBERRY COUNTY, KENTUCKY PO BOX 5555 MAYBERRY KY 55555 Phone: (555) 555-3300 E-Mail:
Month	Day	Year							
03	31	2003							

Indicate any name or address changes above. *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. 000000 Form SCOC-Q Rev. 1/12/01