62A363-B (7-14)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

COUNTY CLERK'S CLAIM FOR PREPARING OMITTED TAX BILLS

Clerk _____ Voucher No. _____

County _____ Account No. _____

Address _____ Disburse $ _____

_____ For Year Ending July 31, 20 ____

NOTE: *Submit* ***two copies*** *to the Department of Revenue, Office of Property Valuation, P.O. Box 1202, Frankfort, Kentucky 40602-1202, at the time the sheriff makes his annual settlement but not later than July 31 of each year.*

Total "Omitted Tax Bills" (Revenue Form 62A301-S)..... _____ @$1.00 each..... $ _____

Prepared and **Charged** to Sheriff for year
beginning August 1, 20____ through July 31, 20____ ..... _____

One-half to be paid by County..... – _____

One-half to be paid by Commonwealth of Kentucky ..... $ _____

I certify that services were rendered by me for which I am entitled to the compensation stated above; that I have not received any of this compensation from the state.

I further certify that the order for the _____ Fiscal Court, allowing the county clerk's claim, entered on Order Book No._____ , Page _____ , authorized the payment of $ _____ as the county's share of the clerk's compensation for making tax bills as set out in KRS 133.240.

_____

Clerk _____ County

Subscribed and sworn to before me by _____ this _____ day of _____ , 20____ .

My commission expires _____

_____
Signature Title

Approved for $ _____ Approved for $ _____

Date _____ Date _____

_____ _____
Division of County and Municipal Accounting
Department of Finance

Authorized Agent