

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 1727, Frankfort, Kentucky 40602-1727, 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 _____