

EMPLOYER'S MONTHLY RETURN OF PAYROLL TAX WITHHELD

Name and Address _____
 of Employer: _____

OCCUPATIONAL LICENSE FEE ORDINANCE
 I hereby certify that the information and statements contained
 herein and any schedules or exhibits attached are true and correct.

(SIGNED) _____

(OFFICIAL TITLE) _____ / /
 Owner, Partner, Member, President, Treasurer, Agent. Date

This report is for wages paid during (Mo. & Yr.) _____

Return is Due within 30 days following end of report month.

Make Checks Payable And Mail To:
CITY OF ADAIRVILLE, KY
 P.O. Box 185
 Adairville, KY 42202

1. NUMBER OF TAXABLE EMPLOYEES		
2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER COMPENSATION PAID ALL EMPLOYEES GROSS	\$	
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF ADAIRVILLE)		
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)		
5. ACTUAL TAX WITHHELD IN MONTH AT 1.5%	\$	
6. PENALTY (\$10.00 PLUS 1% PER MONTH NOT TO EXCEED 10%)		
7. TOTAL INCLUDES PENALTY IF DELINQUENT		

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