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## EMPLOYER'S MONTHLY RETURN OF PAYROLL TAX WITHHELD

P.O. Box 185 Adairville, KY 42202

Name and Address of Employer:  1. NUMBER OF TAXABLE EMPLOYEES 2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER \$	OCCUPATIONAL LICENSE FEE ORDINANCE  I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and corrections.
NUMBER OF TAXABLE EMPLOYEES     TOTAL SALARIES, WAGES, COMMISSION, AND OTHER     \$	herein and any schedules or exhibits attached are true and corre
2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER \$	•
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2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER \$	(SIGNED)
	(OFFICIAL TITLE)
COMPENSATION PAID ALL EMPLOYEES GROSS	Owner, Partner, Member, President, Treasurer, Agent. Date
LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF ADAIRVILLE)	This report is for wages paid during (Mo. & Yr.)
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)	Return is Due within 30 days following end of report mont
5. ACTUAL TAX WITHHELD IN MONTH AT 1.5% \$	
6. PENALTY (\$10.00 PLUS 1% PER MONTH NOT TO EXCEED 10%)	Make Checks Payable And Mail To: CITY OF ADAIRVILLE, KY
7. TOTAL INCLUDES PENALTY IF DELINQUENT	P.O. Box 185
	Adairville, KY 42202
ADAIRVILLE, KENTUCKY 42202  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 corre
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