

EMPLOYER'S QUARTERLY 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.

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 QUARTER AT 1.5%	\$	
6.	PENALTY (\$10.00 PLUS 1% PER MONTH NOT TO EXCEED 10%)		
7.	TOTAL INCLUDES PENALTY IF DELINQUENT		

(SIGNED) _____

(OFFICIAL TITLE) _____ / /

Owner, Partner, Member, President, Treasurer, Agent. Date
 This return Must Be Filed on or Before Date Due as shown Below.

Circle Appropriate Quarter
 QTR: 1st 2nd 3rd 4th
 DUE: 30 Apr 31 Jul 31 Oct 31 Jan

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

* If no wages were paid this quarter, mark "NONE" and return this form with explanation.

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