



**CALVERT CITY, KENTUCKY**  
PO BOX 36, CALVERT CITY, KY 42029

**EMPLOYER'S QUARTERLY RETURN**  
**OF LICENSE FEE WITHHELD**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**FEIN:** \_\_\_\_\_

**YEAR:** \_\_\_\_\_

**QUARTER:** \_\_\_\_\_

**DUE DATE:** \_\_\_\_\_

- |                                                        |       |
|--------------------------------------------------------|-------|
| 1. TOTAL EARNINGS PAID TO ALL EMPLOYEES IN QUARTER     | _____ |
| 2. LESS EARNINGS FOR WORK OUTSIDE CALVERT CITY LIMITS  | _____ |
| 3. CALVERT CITY TAXABLE EARNINGS (LINE 1 MINUS LINE 2) | _____ |
| 4. TAX WITHHELD (TAXABLE EARNINGS AT ½%)(.05%)         | _____ |
| 5. PENALTY (5% PER MONTH OF LINE 4)                    | _____ |
| 6. INTEREST (1% PER MONTH OF LINE 4)                   | _____ |
| 7. TOTAL (INCLUDE PENALTY AND INTEREST IF DUE)         | _____ |

**IF NO WAGES PAID IN THIS QUARTER, INDICATE "NONE", SIGN AND RETURN FORM.**

PAYMENT DUE WITHIN ON MONTH FROM END OF QUARTER. MAKE CHECK OR MONEY ORDER TO:

**CITY OF CALVERT CITY**  
**PO BOX 36**  
**CALVERT CITY, KY 42029**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**NOTIFY TAX ADMINSTRATOR OF ANY CHANGES IN ADDRESS OR OWNERSHIP.**

\_\_\_\_\_ **PLEASE CLOSE ACCOUNT**

**DATE TO MAKE INACTIVE** \_\_\_\_\_

**REASON:** \_\_\_\_\_