

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

Account Number: _____

Business Name: _____

Address: _____

Year: _____

Phone Number: _____

Quarter: _____

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1. Total earnings paid all employees in quarter. _____
 2. Less earnings for work or services rendered outside Calvert City. _____
 3. Taxable earnings (Line 1 minus Line 2). _____
 4. Tax withheld in quarter at 1/2%. _____
 5. Penalty (5% per month of Line 4 from due date until paid). _____
 6. Interest (1% of Line 4 for each month or fraction thereof past due, maximum 12%). _____
 7. Total (include penalty and interest if due). _____
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If no wages paid in this quarter, indicate "NONE", sign and return form.

Payment due within one month from end of payroll quarter. Make check or money order to City of Calvert City and mail to PO Box 36, Calvert City, KY 42029. Notify Tax Administrator of any change in address or ownership of business.

Signature

Date