

CITY OF HORSE CAVE

121 Woodlawn Ave • PO Box 326 • Horse Cave, KY 42749

☎ (270) 786 2680 • 📠 fax (270) 786 2688

EMPLOYER'S QUARTERLY LICENSE FEE RETURN

____ Quarter 201_
Ending _____, 201_

Return due
_____, 201_

NOTICE: If less than \$5.00 due, send no money. Complete/send form and add to following quarter.

- | | |
|--|----------|
| 1. NUMBER OF TOTAL EMPLOYEES | _____ |
| 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID | \$ _____ |
| 3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF THE CITY OF HORSE CAVE | \$ _____ |
| 4. TAXABLE EARNING (ITEM 2 MINUS ITEM 3) | \$ _____ |
| 5. TAX DUE FOR QUARTER AT 1% (#4 X .01)
(LESS THAN \$5.00 due? Send this form and add amount due to next quarter #8) | \$ _____ |
| 6. INTEREST 1% PER MONTH AFTER DUE DATE
(do not apply to less than \$5 carryover) | \$ _____ |
| 7. PENALTY AFTER (30) DAYS FROM DUE DATE (do not apply to less than \$5 carryover)
5% PER MONTH NOT LESS THAN \$25 OR MORE THAN 25% OF TOTAL TAX DUE. | \$ _____ |
| 8. CARRYOVER DUE FROM PREVIOUS QUARTER | \$ _____ |
| 9. TOTAL DUE INCLUDING INTEREST, PENALTY, CARRYOVER | \$ _____ |

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:
TREASURER, CITY OF HORSE CAVE

*IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION. NOTIFY OCCUPATIONAL TAX ADMINISTRATOR OF ANY CHANGE IN OWNERSHIP OR NAME & ADDRESS. FAILURE TO FILE PENALTY IS \$25.00.

SIGNED

(OFFICIAL
TITLE) _____

Owner, Partner, Member, President, Treasurer, Agent

Date

**NOTICE: THIS FORM MUST BE RETURNED WHETHER YOU
HAD EMPLOYEES OR NOT DURING THE QUARTER**