## EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD Maximum Withholding Per Employee- \$750

CITY OF BURKESVILLE, KENTUCKY **UNDER ORDINANCE:** 2014-5 \*\*All forms can be printed off at cityofburkesville.org if needed\*\* NAME AND ADDRESS OF EMPLOYER: MAIL TO: CITY TREASURER **PO BOX 250 BURKESVILLE, KY 42717** 1. Number of taxable employees 2. Total salaries, wages, commission and other compensation paid all employees for services inside the City of Burkesville 3. Less nontaxable compensation\*\* \*\*Explanation: 4. Total taxable compensation 5. Tax withheld (2% of above) 6. Penalty if applicable (1% per month not to exceed 10%) 7. Interest (1% per month) 8. Total includes interest and penalty if delinquent I hereby certify that the information and statementscontained herein and any schedules or exhibits attached are true and correct. (Signed) (Official Title) Owner, Partner, Member, President, etc. Date: This return must be filed on or before the last day of the following month following the end of the quarter. MO. DAY YR For Quarter Ending

THIS TAX IS BASED ON "GROSS" WAGES; PLEASE MAKE COPY FOR YOUR OWN RECORDS

Notify City Treasurer, City of Burkesville, of change in ownership or name and address shown above.

Due on or Before

## EMPLOYEE'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

## (Postal Workers & State Workers, etc.) Maximum Annual Witholding- \$750

UNDER ORDINANCE: 2014-5

CITY OF BURKESVILLE, KENTUCKY

**All forms can be p	rinted off at c	tyofburkesville	.org if needed**		
NAME AND ADDRESS OF EMPLOYER:				MAIL TO:	CITY TREASURER
				10	PO BOX 250
				BURK	ESVILLE, KY 42717
1. Total salaries, was	zes commissio	n and other			
compensation pa	-				
services inside the					
Jet Vices tilside til	c city of barke	3VIIIC		•	
2. Less nontaxable compensation**				**Explanation	<u> </u>
3. Total taxable com	pensation				
4. Tax withheld (2%	of above)				
5. Penalty if applicat	No.				
(1% per month no		D/1		•	
(176 per month no	t to exceed 10	70)			
6. Interest (1% per n	nonth)				
•	•			•	
7. Total includes inte	rest and penal	ty			
if delinquent					
I hereby certify that t			tscontained hereir	n and any schedule	es or
exhibits attached are	true and corre	ect.			
/Cianad\					
(Signed)					
(Official Title)					
Owner, Partner, Member, President, etc.			Date:		
		.,	2007		<del></del>
This return must be f	iled on or befo	re the last day o	of the following me	onth	
following the end of t		•	J		
	•				
	MO.	DAY	YR		
For Quarter Ending					
	1			l	
Due on or Refore	1		1		

THIS TAX IS BASED ON "GROSS" WAGES; PLEASE MAKE COPY FOR YOUR OWN RECORDS

Notify City Treasurer, City of Burkesville, of change in ownership or name and address shown above.

## **EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD Maximum Withholding Per Employee- \$750**

ANNUAL RECONCILIATION

CITY OF BURKESVILLE, KENTUCKY	UNDER ORDINANCE: 2014-5		
**All forms can be printed off at cityofburkesville.org if needed NAME AND ADDRESS OF EMPLOYER:	MAIL TO: CITY TREASURER PO BOX 250		
	BURKESVILLE, KY 42717		
Number of taxable employees			
Total salaries, wages, commission and other compensation paid all employees for services inside the City of Burkesville			
3. Less nontaxable compensation**	**Explanation:		
4. Total taxable compensation	1st Quarter		
5. Tax withheld (2% of above)	2nd Quarter		
6. Penalty if applicable (1% per month not to exceed 10%)	3rd Quarter		
7. Interest (1% per month)	**Please attach Copies of W-2's		
8. Total includes interest and penalty if delinquent	—		
I hereby certify that the information and statementscontained hexhibits attached are true and correct.	erein and any schedules or		
(Signed)			
(Official Title) Owner, Partner, Member, President, etc. Da	te:		
This return must be filed on or before the last day of the following following the end of the quarter.	ng month		
MO. DAY YR			
For Quarter Ending			
Due on or Potoro	1		

THIS TAX IS BASED ON "GROSS" WAGES; PLEASE MAKE COPY FOR YOUR OWN RECORDS

Notify City Treasurer, City of Burkesville, of change in ownership or name and address shown above.