

City of Somerset

400 East Mt. Vernon St.
P.O. Box 989
Somerset, Kentucky 42502
(606) 679-6366 • (606) 679-2481 (Fax)



Nicholas K. Bradley
City Clerk

CITY OF SOMERSET, KENTUCKY QUARTERLY LICENSE FEE RETURN

I hereby verify that the information & statements contained herein & any schedules or exhibits attached are true & correct

COMPANY NAME & ADDRESS

1. TOTAL WAGES & COMPENSATION _____

2. LESS WAGES EARNED OUTSIDE CITY _____

3. TAXABLE WAGES
(Line 1 minus Line 2) _____

4. TAX DUE
(Line 3 X .006) _____

5. PRIOR DEBTS (-) OR CREDITS (+) _____

6. PENALTY = 5% of tax due
(For each calendar month or fraction thereof) _____

7. INTEREST = 12% per annum _____

8. TOTAL DUE
(Sum of lines 4, 5, 6, & 7) _____

MARK IF APPLICABLE

____ ID # CHANGE _____

____ NO ACTIVITY (This form must be returned even if there was
no activity this quarter)

____ FINAL RETURN (Indicates all taxes have been paid)

____ ADDRESS CHANGE

ANNUAL SUMMARY

____ MARK HERE IF FILING PERSONALLY IN LIEU OF YOUR
EMPLOYER WITHHOLDING FROM YOUR CHECK

Employer Name: _____

Employer Address: _____

QUARTER ENDING MARCH 31 _____

QUARTER ENDING JUNE 30 _____

QUARTER ENDING SEPTEMBER 30 _____

QUARTER ENDING DECEMBER 31 _____

TOTAL REMITTED FOR YEAR _____

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER

FOR QUARTER ENDING _____

DUE ON OR BEFORE _____

YEAR END RECONCILIATIONS: YOU MUST REMIT A
RECONCILIATION STATEMENT WITH NAME, SOCIAL SECURITY # &
GROSS WAGES FOR EVERY EMPLOYEE AND A COPY OF YOUR
FEDERAL W-3 OR A COPY OF YOUR W-2'S FOR EVERY EMPLOYEE
MAY BE USED IN LIEU OF RECONCILIATION. FEDERAL EMPLOYEES
AND EMPLOYEES FILING IN LIEU OF EMPLOYER MUST REMIT W-2
AND PAY ALL TAXES DUE FOR THE PRECEEDING YEAR BY
FEBRUARY 28TH.

PLEASE MAKE CHECKS PAYABLE TO: CITY OF SOMERSET P.O. BOX 989 SOMERSET, KY 42502