

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

MAILING 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 _____

____ MARK HERE IF FILING PERSONALLY IN LIEU OF YOUR EMPLOYER WITHHOLDING FROM YOUR CHECK
Employer Name: _____
Employer Address: _____

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER

FOR QUARTER ENDING _____

DUE ON OR BEFORE _____

ANNUAL SUMMARY

- QUARTER ENDING MARCH 31 _____
- QUARTER ENDING JUNE 30 _____
- QUARTER ENDING SEPTEMBER 30 _____
- QUARTER ENDING DECEMBER 31 _____
- TOTAL REMITTED FOR YEAR _____

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.

I hereby certify the statements made herein and any supporting documents are true, correct, and complete to the best of my knowledge

FORM MUST BE SIGNED

Signature of Preparer

Date

Signature of Taxpayer

Date

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