

**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 .009)
- 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 28<sup>TH</sup>.

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