



Office of Tax Administrator
Tammy M. Hanlon

**City of Hazard
Employee's Quarterly Report of Payroll Withholdings**

For quarter ended _____ 20____
(Due by the last day of the following month)

Employee Name _____ Employer Name _____

Mailing Address _____ Employer Address _____

1. Total salaries, wages, commissions, and other
Compensations for the quarter ended. _____
2. Less: compensation paid for services outside
The City of Hazard for the quarter ended. (_____)
3. Taxable earnings (line 2 less line 3) _____
4. Tax 1.25% (.0125) of gross compensation
In the calendar year, _____
5. Penalty (10% of license fee) _____
6. Interest (1% per month on sum of tax and
Penalty) _____
7. Total (sum of line 4 through line 6) _____

Signature _____

Date _____

THE CITY REQUEST A WAGE REPORT EACH QUARTER

Make check payable to: City of Hazard, Kentucky
P.O. Box 420
Hazard, KY 41702