

City of Hazard, Kentucky

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
(Instructions Below)

\$	
\$	

1. Number of Taxable Employees
2. Total Salaries, Wages, Commissions and Other Compensation Paid (A)
3. Less: Compensation Paid for Services Outside of Hazard Taxable Earnings (Item 2 Minus Item 3)
4. Actual Tax Withheld in Quarter At Applicable Rate (B)
5. Interest (1/2 of 1% per month)
6. Penalty 10% of License Fee
7. Interest on Penalty (1/2 of 1% per month)
8. Total (Includes Interest and Penalty if Due)

- (A) If no wages were paid this quarter, mark "NONE" and return this form with explanation
 (B) License fee imposed on individuals is 1.25% (.0125) of gross compensation up to \$60,000 and .50% (.005) of gross compensation above \$60,000

Federal Id #
Hazard PRTP #

***Name and Address of Employer (Required Field)**

Mo.	Day	Yr.	Mail to:
			License Fee Division
			City of Hazard
			P. O. Box 420
			Hazard, KY 41702-0420

Due on or before

Check Reporting Quarter			
1st	2nd	3rd	4th

Notify License Fee Division, City of Hazard of Any Change in Ownership or Name and Address Shown Above.
 If Receipt is Desired, Return Employer's Copy of This Form and Enclose Self-Addressed, Stamped Envelope.

INSTRUCTIONS FOR PREPARING AND FILING EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

Each employer (except those specifically exempt by ordinance) of one or more persons must withhold the license fee of 1.25% from gross salaries, wages and commission paid up to \$60,000 and .50% above \$60,000 of the gross salaries, wages and commission paid. All employees are subject to the license fee except domestics, including

Quarterly Return

A quarterly return for all license fees withheld must be filed and the license fee paid by the **fifteenth day of the month** following the close of the calendar quarter. An employer shall be liable to a fine and imprisonment as provided by ordinance for failure to file and return and/or to pay the license fee for filing a fraudulent return. Interest and penalties are also provided for late filing.

- Item 1 Enter total number of employees after eliminating those who are nontaxable
- Item 2 Enter total salaries, wages, commissions, incentive payments, bonuses and other compensations paid all employees during quarter for which return is prepared. If no salaries, wages, or other compensation was paid during this quarter, so indicate and file form employer's quarterly with explanation.
- Item 3 Enter that portion of the compensation paid employees for services rendered outside the City of Hazard.
- Item 4 Represents the difference between items 2 and 3.
- Item 5 Shall be the actual license fee withheld at the applicable rate of 1.25% (.0125) or .50% (.005).

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

Signed: _____

Official Title: _____

Date: _____

This Return Must Be Filed On or Before Date Due as Shown Below:
 Make Check or Money Order Payable to:
 Occupational Tax Administrator, City of Hazard, KY