



Office of Tax Administrator
Tiffany Keith

City of Hazard
Federal Employees' Annual Report of Payroll Withholdings
(If Not Making Quarterly Payments)

Calendar Year

Employee Name _____ Employer Name _____

Mailing Address _____ Employer Address _____

1. Total salaries, wages, commissions, and other compensations for the year ended _____
2. Less: compensation paid for services outside the City of Hazard for the year 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 _____

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