



Office of Tax Administrator
Tiffany Keith

City of Hazard Federal Employees' Quarterly Report of Payroll Withholdings

1st 2nd 3rd 4th _____
Quarter (circle one) Calendar Year

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 _____

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