CITY OF HARRODSBURG

License Fee Administration

Employers Quarterly Return of License Fee Withheld

208 South Main Street
Harrodsburg, KY 40330
Phone: (859) 734-2225 Fax: (859) 734-2876

Account Number: _____

Account Name and Address:

_____

_____

_____

FOR QUARTER _____ YEAR _____

DUE ON OR BEFORE 30 DAYS AFTER CLOSE OF QUARTER
A $25.00 PENALTY WILL APPLY IF THIS FORM IS NOT RECEIVED
BEFORE 30 DAYS AFTER CLOSE OF QUARTER

If you are working in the City of Harrodsburg and have not purchased your Business License or if you owe delinquent payroll taxes, please contact this office as soon as possible. You may be issued a citation.

1. NUMBER OF TAXABLE EMPLOYEES # _____

2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER COMPENSATION PAID ALL EMPLOYEES $ _____

3. LESS: NON-TAXABLE ITMES (COMPENSATION PAID FOR SERVICES OUTSIDE THE CITY OF HARRODSBURG

$ _____

4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) $ _____

5. ACTUAL TAX DUE IN QUARTER AT 1.5% $ _____

6. PENALTY $ _____

Penalty 5.00% per month, not to exceed 25.00% however, not less than $25.00. A fraction of a month is counted as a whole month. If penalty is not added on late payments, the payment and form will be returned.

7. INTEREST $ _____

Simple interest of 12.00% per annum on tax due. A fraction of a month is counted as a whole month.

8. TOTAL (INCLUDE INTEREST AND PENALTY IF DUE) $ _____

IF NO WAGES PAID, MARK A ZERO AND RETURN THIS FORM WITH EXPLANATION WITHIN 30 DAYS OF END OF QUARTER OR THE PENALTY WILL APPLY.

IMPORTANT INFORMATION
TO INSURE ACCURACY, THIS FORM MUST BE COMPLETED AND RETURNED.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT

_____ _____
(SIGNATURE) (DATE)

_____
(OFFICIAL TITLE)

RETURN THIS COPY WITH PAYMENT
MAKE CHECK OR MONEY ORDER PAYABLE TO: LICENSE FEE ADMINISTRATOR