

City of Paintsville
P.O. Box 1588
Paintsville, KY 41240



Employer's Quarterly Return of Occupational Tax

For Quarter Ending
(circle one)

- | | |
|-------------|----------|
| 1. March 31 | April 30 |
| 2. June 30 | July 31 |
| 3. Sept 30 | Oct. 31 |
| 4. Dec 31 | Jan.31 |

INSTRUCTIONS FOR PREPARING AND FILING

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 commissions paid. All employees are subject to the license fee except domestics, including employees of organizations in a business that is subject to a license fee.

QUARTERLY RETURN

All quarterly returns for all license fees withheld must be filed and the license fee paid by the last 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 taxable employees.

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 with explanation.

Item 3 Shall be the actual license fee withheld at the rate of 1.25%

Item 4 Interest (12% per annum, if applicable)

Item 5 Penalty (10% of tax due, if applicable)

- | | |
|---|-------|
| 1. Number of Taxable Employees | _____ |
| 2. Total Salaries, Wages, Commissions, and other
Compensations Paid All Employees* | _____ |
| 3. Actual Tax Withheld @ 1.25%
(IF APPLICABLE) | _____ |
| 4. Interest (12% per annum) | _____ |
| 5. Penalty (10% of tax due) | _____ |
| TOTAL AMOUNT TAX, INTEREST & PENALTY | _____ |

* If no wages were paid this quarter, mark "NONE"
and return this for with explanation.

I hereby certify that the information and statements contained herein are true and correct.

(SIGNED) _____

(OFFICIAL TITLE) _____

(DATE) _____

Make Checks Payable To: OCCUPATIONAL TAX
CITY OF PAINTSVILLE
P.O. Box 1588
Paintsville, KY 41240