



**City of Scottsville, KY**  
**EMPLOYEE/EMPLOYER QUARTERLY RETURN OF**  
**LICENSE FEE WITHHELD**

City Treasurer's Office  
 201 West Main Street, Suite 8  
 Scottsville, KY 42164  
 (270) 237-4472 phone

**THIS RETURN MUST BE FILED WITHIN 30 DAYS FROM END OF PREVIOUS QUARTER.**

Quarter Ending : \_\_\_\_\_

Account Number: \_\_\_\_\_ SSN or Federal Tax ID# \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. TOTAL NUMBER OF TAXABLE EMPLOYEES: \_\_\_\_\_
2. TOTAL GROSS WAGES PAID ALL EMPLOYEES: \_\_\_\_\_
3. LESS GROSS WAGES FOR OUTSIDE SCOTTSVILLE: \_\_\_\_\_
4. TAXABLE EARNINGS (LINE 1 MINUS LINE 2): \_\_\_\_\_
5. ACTUAL TAX WITHHELD IN QUARTER AT 1.5%: \_\_\_\_\_
6. PENALTY (1% OF LINE 5 IF PAID AFTER DUE DATE): \_\_\_\_\_
7. TOTAL DUE INCLUDING (LINE 5 + LINE 6) \_\_\_\_\_

***MAKE CHECKS PAYABLE TO CITY OF SCOTTSVILLE.***

*I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_