



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 (5% PER MONTH OF LINE 5) \$25 MINIMUM, 25% MAXIMUM: _____
7. INTEREST: 12% ANNUM (1% PER MONTH): _____
8. TOTAL DUE INCLUDING (LINE 5 + LINE 6 + LINE 7) _____

MAKE CHECKS PAYABLE TO CITY OF SCOTTSVILLE.

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

SIGNATURE: _____

DATE: _____ TITLE: _____