CITY OF FRANKLIN, KY EMPLOYERS QUARTERLY RETURN PAYROLL/OCCUPATIONAL TAX WITHHELD

A	CCOUNT #	QUARTER ENDING 3-31	DUE BY 4-30	
Вι	usiness Name			
A	ddress _			
Ci	ty, State and Zip _			
		тот	AL # OF EMPLOYEES	
	TOTA		EES SUBJECT TO FEE	
1.	Total Gross Salarie	s, Wages, Commissions and		
	Other Compensation	on Paid		
2.	Less Compensation	n Paid for Services Outside Franklin	()	
3. `	Taxable Earnings Ir	n Franklin City (Line 1 Minus Line 2)		
4.	City Tax Withheld ((Line 3 X 1%)		
5.	Interest @ 1% Per	Month From Due Date		
6.	Penalty @ 5% Per	Month (minimum \$25.00)		
7.	Total Amount Due			
<u></u>	GNATURE	TITLE	DATE	

SIGNATURE TITLE DATE

I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

- 1. A copy of this form must accompany your payment. You should retain a copy for your records.
- 2. If this business has changed ownership, or tax entity, please notify this office immediately.
- 3. Please make any necessary mailing address changes to this form.
- 4. This form must be returned with explanation even if you had no employees during this tax period.
- 5. The employer must file with the City a **copy of the employees W-2 Wage Tax Statement any 1099s for services performed during the calendar year** on or before the last day of February each year.
- 6. THIS RETURN MUST BE FILED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS PERIOD. IF NOT, PLEASE MARK "NONE" ON THE FORM. A \$25.00 LATE FILING FEE WILL APPLY IF NOT REMITTED.

PAYMENT SHOULD BE MADE PAYABLE TO: CITY OF FRANKLIN, KY.

PO BOX 2805

FRANKLIN, KY 42135

Contact information: daniel.reetzke@franklinky.org (270)586-4497 phone (270)586-9419 fax