CITY OF FRANKLIN, KY

EMPLOYERS QUARTERLY RETURN

PAYROLL/OCCUPATIONAL TAX WITHHELD

ACCOUNT #_____ MONTH ENDING ___ - ___ - ___ DUE BY ___ - ___ - ___

MONTHLY RETURNS ARE DUE 15 DAYS AFTER MONTH END

Business Name _____

Address _____

City, State and Zip _____

TOTAL # OF EMPLOYEES_____

TOTAL # OF EMPLOYEES SUBJECT TO FEE_____

1. Total Gross Salaries, Wages, Commissions and Other Compensation Paid _____
2. **Less Compensation Paid for Services Outside Franklin** (_____)
3. Taxable Earnings In 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 _____

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

ALL FORMS ARE AVAILABLE ONLINE AT WWW.FRANKLINKY.ORG