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CITY OF WILLIAMSTOWN, KENTUCKY

EMPLOYERS QUARTERLY RETURN OF LICENSE FEE

(NOTE: This original must be filled out to the City of Williamstown. Please make a copy for your personal records.)

CALENDAR YEAR	
QUARTER ENDING	DUE DATE

Business Name: _____ Federal ID/SS: _____
 Address: _____ Phone #: _____
 Address: _____
 City/State/Zip: _____ Check here for address changes.

INSTRUCTIONS: If this is a 1st, 2nd, 3rd, or 4th Quarter return, please fill out **SECTION 1** below.

For the Annual Reconciliation, please fill out **SECTION 2** below.

SECTION 1. QUARTERLY RETURN FOR QUARTERS 1, 2, 3, AND 4

This quarterly return must be remitted to the City of Williamstown **EVEN IF THERE ARE NO WAGES TO REPORT.**

Non-filers will be subject to penalty.

If you have any questions, please contact the City of Williamstown Clerk's Office at (859) 824-3633.

REQUIRED

Number of Employees: _____

1	Gross wages	\$ _____
2	Less wages earned outside City	\$ _____
3	Total City of Williamstown taxable wages	\$ _____
4	Total tax due (line 3 x 1.5%)	\$ _____
5	Penalty (Minimum of \$25 or 5% per month not to exceed 25%)	\$ _____
6	Interest (1% per month)	\$ _____
TOTAL:		\$ _____

For Quarter Ending (Circle One): 3/31 6/30 9/30 12/31
Due Date: 4/30 7/31 10/31 1/31

SECTION 2. ANNUAL RECONCILIATION and W-2/W-3 FORMS DUE 2/28

This annual reconciliation must be remitted to the City of Williamstown, **EVEN IF THERE ARE NO WAGES TO REPORT.**

If you have any questions, please contact the City of Williamstown Clerk's Office at (859) 824-3633.

Payments Remitted (Excluding penalties & interest)	
1Q	\$ _____
2Q	\$ _____
3Q	\$ _____
4Q	\$ _____
Sub-Total	\$ _____

1	Gross wages (per W-2's)	\$ _____
2	Less wages earned outside City	\$ _____
3	Total City of Williamstown taxable wages	\$ _____
4	Total tax due (line 3 x 1.5%)	\$ _____
5	Less total already remitted (Sub-Total from left)	\$ (_____)
6	Sub-Total of Balance Due:	\$ _____
7	Penalty (Minimum of \$25 or 5% per month not to exceed 25%)	\$ _____
8	Interest (1% per month)	\$ _____
Balance Due:		\$ _____

Please make sure to include W-2 and W-3 forms with this remittance!

Signature: _____
 Date: ____/____/____

For returns WITH PAYMENT
Please remit to:
 City of Williamstown, Kentucky
 P.O. Box 147
 Williamstown, KY 41097

For returns WITHOUT PAYMENT
Please remit to:
 City of Williamstown, Kentucky
 P.O. Box 147
 Williamstown, KY 41097

I declare, under the penalties of perjury, that this return has been examined, and to the best of my knowledge, is a true, correct, and complete return.