

- 1. Total Number of Employees _____ Taxable Employees _____
- 2. Total Salaries, Wages, Commissions, and Other Compensation Paid \$ _____
- 3. Less Compensation Paid for Services Outside of Russellville _____
- 4. Taxable Earnings (Line 2 Minus Line 3) _____
- 5. Actual Tax Due in Period at 2% _____
- 6. Adjustments for Prior Periods _____
- 7. Penalty (5% of tax due per calendar month or fraction thereof or \$25, whichever is greater) _____
- 8. Interest (1% per month) _____
- 9. Total DUE (Including Adjustments, Penalty and Interest) \$ _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNED _____

OFFICIAL TITLE _____ / _____ DATE

-IF NO WAGES WERE PAID THIS PERIOD, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION.

City of Russellville, Kentucky

NAME
&
ADDRESS
OF
EMPLOYER

ACCOUNT NO.	FOR PERIOD ENDING	DUE ON / OR BEFORE

Mail To: **CITY OF RUSSELLVILLE**
 FINANCE DEPARTMENT
 P.O. BOX 434
 RUSSELLVILLE, KY 42276-0434

RETURN OF PAYROLL TAX WITHHELD

INDIVIDUAL, SELF EMPLOYED OR EMPLOYER'S WITHHOLDING LICENSE FEE RETURN

NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS PERIOD.