

EMPLOYEE/EMPLOYER QUARTERLY RETURN OF LICENSE FEE WITHHELD

- 1. Total earnings paid all employees (*) _____
- 2. Less earnings for outside services rendered _____
- 3. Taxable earnings (Line 1 minus Line 2) _____
- 4. Actual tax withheld in quarter at 0.75% _____
- 5. Penalty (0% of Line 4) _____
- 6. Total (include penalty if due) _____

\$ _____

NOTE: PLEASE RETURN FORM WITH REMITTANCE

* If no wages were paid this quarter, mark "NONE", sign and return with explanation.

Remit To: City of Munfordville
PO Box 85
Munfordville KY 42765

FOR QUARTER ENDING:

Payment due within one month from the above date (If receipt desired, enclose self-addressed, stamped envelope.)

I hereby certify that the information and statements contained herein or attached are correct.

Date _____

Signature

Title-Owner, Partner, President, Etc.