



**CAMPBELLSVILLE OCCUPATIONAL TAX OFFICE**

**EMPLOYER'S QUARTERLY RETURN  
OF LICENSE FEE WITHHELD**

To be filed by April 30th, July 31st, October 31st, and January 31st

*(If no wages were paid this period, mark "none" and return this form)*

**ACCOUNT NUMBER:** \_\_\_\_\_

**BUSINESS / INDIVIDUAL NAME:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**FEDERAL ID #:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY STATE ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**# OF EMPLOYEES:** \_\_\_\_\_

<b>PERIOD BEGINNING:</b>	_____
<b>PERIOD ENDING:</b>	_____
<b>RETURN DUE:</b>	_____

**MAKE CHECKS PAYABLE TO: Campbellsville Occupational Tax Office**  
 203 North Court Street, Suite 10  
 Campbellsville, KY 42718  
 Phone: (270) 465-9760 / Email: occtax@taylorcounty.us

1.	Salaries, wages, commissions & any compensation paid to employees working in city of Campbellsville	_____
2.	Tax due at 1.5% on GROSS WAGES	_____
3.	Adjustment for preceding quarters (past due balance / wages outside of limits / overpayment / amended)	_____
4.	Penalty - 5% Monthly, MAX 25%, MINIMUM \$25	_____
5.	Interest - 1% Monthly, 12% Per Annum	_____
6.	<b>BALANCE DUE</b> <span style="float: right;">Check No. (                    )</span>	_____

**ATTACH COPY OF W-2 WITH RETURN ON ANNUAL RETURN ONLY**

*I certify that the information contained herein and any schedules or exhibits attached are correct.*

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE FOLLOWING MUST BE ATTACHED:**

- Form(s) W-2 (Submit with annual return only), due by January 31.
- Detailed schedule of Line 2 deductions, if any.

<p><b>FOR OFFICIAL USE ONLY</b></p>
-------------------------------------