



CAMPBELLSVILLE
Occupational Tax

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: _____

PERIOD BEGINNING:	
PERIOD ENDING:	
RETURN DUE:	

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.	BALANCE DUE	Check No. ()

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.

FOR OFFICIAL USE ONLY