



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 1.00% on GROSS WAGES	_____
3.	Adjustment for preceding quarters (past due balance / underpayments / wages earned outside city limits)	_____
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