

CITY OF PARK CITY

**EMPLOYEE-EMPLOYER QUARTERLY RETURN
OF OCCUPATIONAL TAXES 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 2 % | \$ _____ |
| 5. Penalty (5% of Line 4) | \$ _____ |
| 6. Total (Include Penalty If Due) | \$ _____ |

(*) If No Wages Were Paid This Quarter, Mark "NONE", Sign, Date, and Return

FOR QUARTER ENDING: (Circle One) QT 1, QT 2, QT 3, QT 4: YEAR _____

(QT 1- Jan/Mar, QT 2 – Apr/Jun, QT 3 – Jul/Sep, QT 4 – Oct/Dec)

Payment Due Within One (1) Month From the Above Date

REMIT TO: City of Park City, P O Box 304, Park City, KY 42160

Business Name: _____

Address : _____

: _____

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

Signature

Title

Date