



CITY OF GREENSBURG
EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

Account Number: _____

Mail to:
CITY OF GREENSBURG
TAX COLLECTOR
110 WEST COURT STREET
GREENSBURG, KY 42743

Make Checks Payable to:
CITY OF GREENSBURG

QUARTER ENDING

DATE DUE

1. NUMBER OF TAXABLE EMPLOYEES		
2. TOTAL SALARIES WAGES, COMMISSIONS AND OTHER COMPENSATION PAID ALL EMPLOYEES		\$
3. LESS NON TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES PAID OUTSIDE OF GREENSBURG)		
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)		\$
5. ACTUAL TAX WITHHELD IN QUARTER AT 1%		
6. PENALTY 10% OF LICENSE FEE		
7. INTEREST ON PENALTIES 10% (PER ANNUM)		
8. TOTAL INCLUDES INTEREST AND PENALTY IF DUE		

If no wages were paid this quarter mark none and return this form with explanation.

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

SIGNED _____

(OFFICIAL TITLE) _____

Owner, Partner, Member, President, Treasurer, Agent

Date

THIS RETURN MUST BE FILED ON OR BEFORE DATE DUE AS SHOWN ABOVE

NOTIFY LICENSE FEE DIVISION, CITY OF GREENSBURG OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE

If a receipt is desired, return employer's copy of this form and enclose a self addressed stamped envelope