

CITY OF MUNFORDVILLE

EMPLOYER'S QUARTERLY LICENSE FEE RETURN

Account Number: \_\_\_\_\_

Mail to:

City of Munfordville  
P O Box 85  
Munfordville, KY 42765

Quarter Ending \_\_\_\_\_

Date Due \_\_\_\_\_

1. NUMBER OF TOTAL EMPLOYEES	_____
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID	\$ _____
3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF THE CITY OF MUNFORDVILLE	\$ _____
4. TAXABLE EARNING (ITEM 2 MINUS ITEM 3)	\$ _____
5. ACTUAL TAX DUE IN QUARTER AT .75% (.0075)	\$ _____
6. INTEREST 1% PER MONTH (OR PORTION THERE OF) AFTER DUE DATE	\$ _____
7. PENALTY AFTER (30) DAYS FROM DUE DATE 5% PER MONTH NOT LESS THAN \$25 OR MORE THAN 25% OF TOTAL TAX DUE	\$ _____
8. TOTAL TAXES DUE INCLUDING INTEREST & PENALTY	\$ _____

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:  
TREASURER, CITY OF MUNFORDVILLE

\*IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION. NOTIFY OCCUPATIONAL TAX ADMINISTRATOR OF ANY CHANGE IN OWNERSHIP OR NAME & ADDRESS. FAILURE TO FILE PENALTY IS \$25.00.

SIGNED \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

Owner, Partner, Member, President, Treasurer, Agent

Date \_\_\_\_\_

**NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER**