

**EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD  
Maximum Withholding Per Employee- \$750**

CITY OF BURKESVILLE, KENTUCKY

UNDER ORDINANCE: 2014-5

**\*\*All forms can be printed off at [cityofburkesville.org](http://cityofburkesville.org) if needed\*\***

NAME AND ADDRESS OF EMPLOYER:

MAIL TO: CITY TREASURER  
PO BOX 250  
BURKESVILLE, KY 42717

- |  |       |                             |
|--|-------|-----------------------------|
| 1. Number of taxable employees   | _____ |                             |
| 2. Total salaries, wages, commission and other compensation paid all employees for services inside the City of Burkesville | _____ |                             |
| 3. <b>Less nontaxable compensation**</b>   | _____ | <b>**Explanation:</b> _____ |
| 4. Total taxable compensation  | _____ | _____                       |
| 5. Tax withheld (2% of above)  | _____ | _____                       |
| 6. Penalty if applicable<br>(1% per month not to exceed 10%)   | _____ | _____                       |
| 7. Interest (1% per month)   | _____ | _____                       |
| 8. Total includes interest and penalty if delinquent   | _____ |                             |

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, etc. Date: \_\_\_\_\_

This return must be filed on or before the last day of the following month following the end of the quarter.

	MO.	DAY	YR
For Quarter Ending	_____	_____	_____
Due on or Before	_____	_____	_____

**THIS TAX IS BASED ON "GROSS" WAGES; PLEASE MAKE COPY FOR YOUR OWN RECORDS**  
Notify City Treasurer, City of Burkesville, of change in ownership or name and address shown above.

**EMPLOYEE'S QUARTERLY RETURN OF LICENSE FEE WITHHELD**  
**(Postal Workers & State Workers, etc.)**  
**Maximum Annual Withholding- \$750**

CITY OF BURKESVILLE, KENTUCKY

UNDER ORDINANCE: 2014-5

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NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

**MAIL TO: CITY TREASURER**  
**PO BOX 250**  
**BURKESVILLE, KY 42717**

- |  |  |                             |
|--|--|-----------------------------|
| 1. Total salaries, wages, commission and other compensation paid all employees for services inside the City of Burkesville |  |                             |
| 2. <i>Less nontaxable compensation**</i>   |  | <b>**Explanation:</b> _____ |
| 3. Total taxable compensation  |  |                             |
| 4. Tax withheld (2% of above)  |  |                             |
| 5. Penalty if applicable<br>(1% per month not to exceed 10%)   |  |                             |
| 6. Interest (1% per month)   |  |                             |
| 7. Total includes interest and penalty if delinquent   |  |                             |

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, etc.

Date: \_\_\_\_\_

This return must be filed on or before the last day of the following month following the end of the quarter.

	MO.	DAY	YR
For Quarter Ending			
Due on or Before			

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**EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD**  
**Maximum Withholding Per Employee- \$750**  
**ANNUAL RECONCILIATION**

CITY OF BURKESVILLE, KENTUCKY

UNDER ORDINANCE:

2014-5

**\*\*All forms can be printed off at [cityofburkesville.org](http://cityofburkesville.org) if needed\*\***

NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

**MAIL TO: CITY TREASURER**  
**PO BOX 250**  
**BURKESVILLE, KY 42717**

1. Number of taxable employees \_\_\_\_\_

2. Total salaries, wages, commission and other compensation paid all employees for services inside the City of Burkesville \_\_\_\_\_

3. **Less nontaxable compensation\*\*** \_\_\_\_\_

**\*\*Explanation:** \_\_\_\_\_

4. Total taxable compensation \_\_\_\_\_

**1st Quarter** \_\_\_\_\_

5. Tax withheld (2% of above) \_\_\_\_\_

**2nd Quarter** \_\_\_\_\_

6. Penalty if applicable (1% per month not to exceed 10%) \_\_\_\_\_

**3rd Quarter** \_\_\_\_\_

**4th Quarter** \_\_\_\_\_

7. Interest (1% per month) \_\_\_\_\_

**\*\*Please attach Copies of W-2's**

8. Total includes interest and penalty if delinquent \_\_\_\_\_

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, etc.

Date: \_\_\_\_\_

This return must be filed on or before the last day of the following month following the end of the quarter.

MO.                      DAY                      YR

For Quarter Ending 

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Due on or Before 

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