

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
 UNDER ORDINANCE 1995-07

1 Total No. Employees _____ Taxable Employees _____		
2 TOTAL SALARIES, WAGES, COMMISSION, AND OTHER COMPENSATION PAID ALL EMPLOYEES (*)--GROSS	\$	
3 LESS: NON-TAXABLE ITEMS, (Retiremen):		
4 TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)		
5 ACTUAL TAX DUE FOR QUARTER AT 1%	\$	
6 INTEREST (.5% PER MONTH)		
7 PENALTY (1% PER MONTH) NOT TO EXCEED 10%		
8 TOTAL INCLUDES INTEREST AND PENALTY IF DELINQUENT		

*If no wages were paid this quarter, mark "NONE" and return this form with explanation.
 (NAME AND ADDRESS OF EMPLOYER)

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

Make Check Payable To:
CITY OF WEST POINT

Mail To:
 City of West Point
 509 Elm Street
 West Point, KY 40177

MO. DAY YR.

FOR QUARTER ENDING _____

DUE ON OR BEFORE _____

This Return Must Be Filed on or Before Date Due as Shown

NOTIFY: CITY CLERK, CITY OF WEST POINT, OF CHANGE IN OWNERSHIP
 OR NAME AND ADDRESS SHOWN ABOVE