

CITY OF SIMPSONVILLE
EMPLOYEE/EMPLOYER QUARTERLY RETURN OF OCCUPATIONAL FEE 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 .5% | _____ |
| 5. Penalty 5% of Line 4 if rec. later than 30 days after close
of reporting quarter | _____ |
| 6. Total (includes penalty if due) | \$ _____ |

*If no wages were paid this quarter, mark "NONE", sign and return with explanation.

Federal ID # _____

Company Name: _____

Address: _____

_____, _____, _____

Phone: _____ - _____ - _____

FOR QUARTER ENDING: _____/_____/_____

Payment due within one month from the above date (If receipt desired, enclose self addressed, stamped envelope.)

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

Date: _____/_____/_____

Signature

Title-Owner, Partner, President, or Authorized Signer

Make checks payable to: City of Simpsonville, Attn: Occupational P. O. Box 378 Simpsonville, KY 40067