

City of Mt. Washington Quarterly Occupational Tax Return

- 1) ENTER NUMBER OF TOTAL EMPLOYEES TAXABLE EMPLOYEES
- 2) TOTAL SALARIES, WAGES, COMMISSION AND OTHER COMPENSATION PAID
- 3) LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF MT WASHINGTON
- 4) TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)
- 5) ACTUAL TAX DUE IN QUARTER AT 1%
- 6) ADJUSTMENTS (PRIOR QUARTERS)
- 7) INTEREST (1/2 OF 1% PER MONTH) AFTER DUE DATE
- 8) PENALTY (10%) AFTER DUE DATE
- 9) TOTAL TAXES DUE INCLUDING INTEREST & PENALTY

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNED _____

OFFICIAL TITLE _____ / DATE _____

CITY ACCT#	QUARTER ENDING	DUE ON / OR BEFORE

Payable To: **City of Mt. Washington**
P.O. Box 285
Mt. Washington, KY 40047-0285

www.jmtwashingtonky.org
 PH# (502) 538-4216 FAX# (502) 538-4064

WHITE COPY - RETURN WITH PAYMENT
 YELLOW COPY - FOR YOUR RECORDS

INDIVIDUAL SELF EMPLOYED OR EMPLOYER'S QUARTERLY WITHHOLDING OCCUPATIONAL TAX RETURN NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER.

.... NOTE: IF NO WAGES WERE PAID THIS QUARTER MARK "NONE" AND RETURN THIS FORM.

EMPLOYER NAME & ADDRESS