



# City of Mt. Washington, Ky

## Employer's Quarterly Return of Occupational Tax Withheld

1) ENTER NUMBER OF TOTAL EMPLOYEES

TAXABLE EMPLOYEES

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

2) TOTAL WAGES PAID TO ALL EMPLOYEES (GROSS)

\$

3) LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF MT. WASHINGTON

SIGNED \_\_\_\_\_

4) TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)

OFFICIAL TITLE \_\_\_\_\_ / \_\_\_\_\_

DATE

5) ACTUAL TAX DUE FOR QUARTER AT 1%

\$

6) INTEREST ( 1/2 OF 1% PER MONTH ) AFTER DUE DATE

7) PENALTY ( 10% ) AFTER DUE DATE

8) TOTAL TAXES DUE INCLUDING INTEREST & PENALTY

\$

CITY ACCT#	QUARTER ENDING	DUE ON / OR BEFORE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

[www.mtwashingtonky.org](http://www.mtwashingtonky.org)  
PH# (502) 538-4216 FAX# (502) 538-4064

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

PLEASE NOTIFY CITY OF ANY CHANGE IN OWNERSHIP OR ADDRESS

EMPLOYER  
NAME &  
ADDRESS

\*\*\*IF NO WAGES WERE PAID THIS QUARTER MARK "NONE" AND RETURN THIS FORM