

**CITY OF FRANKLIN, KY
EMPLOYERS QUARTERLY RETURN
PAYROLL/OCCUPATIONAL TAX WITHHELD**

ACCOUNT #«Business_No»

QUARTER ENDING 3-31-__ DUE BY 4-30-__

«Business_Name»

«Address»

«City_State» «Zip»

TOTAL # OF EMPLOYEES _____

TOTAL # OF EMPLOYEES SUBJECT TO FEE _____

- | | |
|---|-----------|
| 1.Total Gross Salaries, Wages, Commissions and
Other Compensation Paid | _____ |
| 2. Less Compensation Paid for Services Outside Franklin | (_____) |
| 3. Taxable Earnings (Line 1 Minus Line 2) | _____ |
| 4. City Tax Withheld (Line 3 X 1%) | _____ |
| 5. Interest @ 1% Per Month From Due Date | _____ |
| 6. Penalty @ 5% Per Month (minimum \$25.00) | _____ |
| 7. Total Amount Due | _____ |

SIGNATURE

TITLE

DATE

I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

1. A copy of this form must accompany your payment. You should retain a copy for your records.
2. If this business has changed ownership, or tax entity, please notify this office immediately.
3. Please make any necessary mailing address changes to this form.
4. This form must be returned with explanation even if you had no employees during this tax period.
5. The employer must file with the City a copy of the employees W2 Wage Tax Statement on or before the last day of February each year.
- 6. THIS RETURN MUST BE FILED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS PERIOD. IF NOT, PLEASE MARK "NONE" ON THE FORM. A \$25.00 LATE FILING FEE WILL APPLY IF NOT REMITTED.**

PAYMENT SHOULD BE MADE PAYABLE TO: CITY OF FRANKLIN, KY.

PO BOX 2805

FRANKLIN, KY 42135

Contact information: mandy.cassady@franklinky.org (270)586-4497 phone (270)586-9419 fax