

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

ACCOUNT #«ACCT\_»

QUARTER ENDING 12-31-09 DUE BY 1-31-2010

«BUSINESS\_NAME»

«ADDRESS»

«CITYSTATE» «Zip»

TOTAL # OF EMPLOYEES \_\_\_\_\_

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 \_\_\_\_\_

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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.THIS RETURN MUST BE FILED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS PERIOD. IF NOT PLEASE MARK "NONE" ON THE FORM.**

**6.FAILURE TO FILE THIS REPORT BY THE DUE DATE WILL RESULT IN A MINIMUM \$25.00 PENALTY.**

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

**LICENSE & FEES**

**PO BOX 2805**

**FRANKLIN, KY 42135**

Contact information: [mandy.cassady@franklinky.org](mailto:mandy.cassady@franklinky.org) (270)586-4497 phone

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