**CITY OF HORSE CAVE**

121 Woodlawn Ave  PO Box 326  Horse Cave, KY 42749

 (270) 786 2680   fax (270) 786 2688

**EMPLOYER’S QUARTERLY LICENSE FEE RETURN**

**\_\_\_ Quarter 2022**

Ending \_\_\_\_\_\_\_\_\_\_\_\_

Return due

**30 days after end of quarter**

NOTICE: If less than $5.00 due, send no money. Complete/send form and add to following quarter.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:

**TREASURER, CITY OF HORSE CAVE**

**$**

9. **TOTAL DUE INCLUDING INTEREST, PENALTY, CARRYOVER**

$

8. DUE FROM PREVIOUS QUARTER

**(LESS THAN $5.00 due? Send this form and add amount due to next quarter #8)**

1. INTEREST 1% PER MONTH AFTER DUE DATE

(do not apply to less than $5 carryover) $

1. PENALTY AFTER (30) DAYS FROM DUE DATE(do not apply to less than $5 carryover)

5% PER MONTH NOT LESS THAN $25 OR MORE $

THAN 25% OF TOTAL TAX DUE.

**$**

5. **TAX DUE FOR QUARTER AT 1% (#4 X .01)**

$

**$**

$

1. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID
2. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF THE CITY OF HORSE CAVE
3. TAXABLE EARNING (ITEM 2 MINUS ITEM 3)

1. NUMBER OF TOTAL EMPLOYEES

\*IF NO WAGES WERE PAID THIS QUARTER, MARK **“NONE”** AND RETURN THIS FORM WITH EXPLANATION. NOTIFY OCCUPATIONAL TAX ADMINISTRATOR OF ANY CHANGE IN OWNERSHIP OR NAME & ADDRESS. FAILURE TO FILE PENALTY IS $25.00.

SIGNED

(OFFICIAL

TITLE)

Owner, Partner, Member, President, Treasurer, Agent Date

**NOTICE: THIS FORM MUST BE RETURNED WHETHER YOU HAD EMPLOYEES OR NOT DURING THE QUARTER**