

EMPLOYER'S / INDIVIDUAL'S QUARTERLY RETURN OF OCCUPATION TAX

PAYABLE TO: CITY OF SMITHS GROVE, KENTUCKY

UNDER ORDINANCE 2019-003

THIS SIDE TAXPAYERS COPY

Business Name: _____
ADDRESS: _____
ADDRESS: _____
TAX ID # : _____

2020 - QTR _____

- 1. IF EMPLOYER, NUMBER OF TAXABLE EMPLOYEES _____
- 2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER COMPENSATION PAID/RECEIVED THIS QUARTER (IF NO WAGES PAID THIS QUARTER MARK NONE) \$ _____
- 3. ADJUSTMENTS (ATTACH EXPLANATIONS) OR UNPAID PENALTY OR INTEREST FROM PREVIOUS QUARTERS \$ _____
- 4. TOTAL (LINE 2 MINUS LINE 3) \$ _____
- 5. OCCUPATION TAX DUE (LINE 4 X 1%) \$ _____
- 6. **IF DELINQUENT**, INTEREST (1% OF TAX DUE PER CALENDAR MONTH OR FRACTION THEREOF. 12% PER ANNUM) \$ _____
- 7. **IF DELINQUENT**, PENALTY 5% OF TAX DUE FOR EACH CALENDAR MONTH OR FRACTION THEREOF, NOT TO EXCEED 25% OF TOTAL TAX OWED, **HOWEVER NOT LESS THAN \$25.00** \$ _____
- 8. TOTAL INCLUDING INTEREST, PENALTY, & UNPAID AMOUNTS \$ _____

- 1. # EMPLOYEES _____
- 2. TOTAL WAGES \$ _____
- 3. ADJUSTMENTS OR PREVIOUS BALANCES \$ _____
- 4. LINE 2 MINUS LINE 3 \$ _____
- 5. TAX DUE 1% OF LINE 4 \$ _____
- 6. INTEREST 1% OF TAX DUE PER MONTH \$ _____
- 7. PENALTY 5% OF TAX DUE PER MONTH NOT TO EXCEED 25% OF TOTAL TAX OWED, HOWEVER NO LESS THAN \$25.00 \$ _____
- 8. TOTAL INCLUDING INTEREST, PENALTY, & UNPAID AMOUNTS. \$ _____

TAXES FOR WHICH QUARTER 1ST 2ND 3RD 4TH

MAIL TO : CITY of SMITHS GROVE
PO BOX 114
SMITHS GROVE, KY 42171

NOTIFY CITY CLERK OF ANY CHANGES

270-563-4014

THIS SIDE TAXPAYERS COPY

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

SIGNATURE _____

TITLE _____

DATE _____

1ST QTR DUE 4/30	2ND QTR DUE 7/31	3RD QTR DUE 10/31	4TH QTR DUE 1/31
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CHECK WHICH QUARTER