

CITY OF SMITHS GROVE, KY  
QTRLY PAYROLL TAX W/H REPORT

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

**PAYABLE TO: CITY OF SMITHS GROVE, KY**      **UNDER ORDINANCE 2019-003**

**Business Name:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TAX ID # :** \_\_\_\_\_  
**EMAIL Contact:** \_\_\_\_\_

- 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,      \$ \_\_\_\_\_
- 8. TOTAL INCLUDING INTEREST, PENALTY, & UNPAID AMOUNTS      \$

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	CHECK WHICH QUARTER