

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) \$ _____

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 \$ _____

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