

CITY OF SMITHS GROVE, KY

UNDER ORDINANCE 2019-003

PAYABLE TO: CITY OF SMITHS GROVE, KENTUCKY

Business Name: _____

ADDRESS: _____

ADDRESS: _____

TAX ID # : _____ **YEAR** _____

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

YEAR

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

CITY OF SMITHS GROVE
P.O. BOX 114
SMITHS GROVE, KY 42171