

EMPLOYEE/EMPLOYER QUARTERLY RETURN OF LICENSE FEE WITHHELD

- | | |
|--|----------|
| 1. Total earnings paid all employees (*) | _____ |
| 2. Less earnings for outside services rendered | _____ |
| 3. Taxable earnings (Line 1 minus Line 2) | _____ |
| 4. Actual tax withheld in quarter at 0.75% | _____ |
| 5. Penalty (15% of Line 4) | _____ |
| 6. Total (include penalty if due) | _____ \$ |

* If no wages were paid this quarter, mark "NONE", sign and return with explanation.

Remit To: City of Marion
217 S. Main St.
Marion KY 42064

FOR QUARTER ENDING:

Payment due within one month from the above date (If receipt desired, enclose self-addressed, stamped envelope.)

I hereby certify that the information and statements contained herein or attached are correct.

Date _____

Signature

Title-Owner, Partner, President, Etc.