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 1.5% _____
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.