



City of Vanceburg, 189 Second St., Vanceburg, KY 41179

Phone 606-796-3044 | Fax 606-796-6096

Email Greta.May@CityofVanceburg.com or Brenda.Bear@CityofVanceburg.com

www.cityofvanceburg.com

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

For the Year Ended _____. To be Filed by April 30th, July 31st, October 31st & January 31st

BUSINESS NAME _____ LINE OF BUSINESS _____

HOME ADDRESS _____

MAILING ADDRESS _____

BUSINESS LOCATION _____

PHONE _____ EMPLOYER IDENTIFICATION NUMBER _____

PERIOD BEGINNING _____ PERIOD ENDING _____ RETURN DUE _____

1.	Gross Salary, Wages and Other Compensation		
2.	Less Salary, Wages and Other Compensation not subject to License Fee	-	
3.	Net Salary, Wages and Other Compensation subject to License Fee (Line 1, less Line 2)	=	\$
4.	Multiply Line 4 by the Occupational License Fee (1%)	=	\$
5.	IF FILED AFTER DUE DATE, Add 5% Penalty per Month (min \$25) & 12% Interest Per Annum	+	
6.	TOTAL PAYMENT DUE (check no _____)	=	\$

ATTACH COPY OF W-2 WITH RETURN OF ANNUAL RETURN ONLY

I certify that the information contained herein and any schedules or exhibits attached are correct.

Signature _____ Title _____ Date _____

Internal Use Only: Reconciled by _____ Date _____