|  |  |
| --- | --- |
| A close up of a sign  Description automatically generated | City of Dayton, Kentucky514 Sixth Avenue, Dayton, Kentucky 41074Phone (859) 491-1600 Fax: (859) 491-3538Website: www.DaytonKY.com |

EMPLOYER’S PAYROLL RETURN OF LICENSE FEE WITHHELD

Due Quarterly: 1st Quarter-March 31st, 2nd Quarter-June 30th, 3rd Quarter-September 30th, 4th Quarter- December 31st

IMPORTANT: Make payments to City of Dayton; mail to City of Dayton, 514 Sixth Avenue, Dayton, Kentucky 41074.

|  |
| --- |
| I. BUSINESS INFORMATION |
| **Name of Business:**  |  |
| **Business Address:** |  |
| **Employer ID #** (EIN or SSN)**:** |  |
| **For Period Ending** (date)**:** |  |
| **II. WITHHOLDING PAYMENT SCHEDULE – MONTHLY OR QUARTERLY** |
| 1. Total salaries, wages, commissions, and other compensation paid to all employees for services within the City of Dayton.  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Multiply line 1 by tax due this period (2.0%).  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Penalty for late filing: 5.0% per month (maximum 25%) of line 2 or $25, whichever is greater. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Interest 1% per month of line 2. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Total taxes due including penalty & interest. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| III. ACKNOWLEDGEMENT & SIGNATURE: |
| Please list Each Employee, Employee’s Social Security Number and Earnings paid during reporting period (Employer may provide by attaching separate document if desired):

|  |  |  |
| --- | --- | --- |
| **Employee Name (Last, First)** | **Employee Social Security Number** | **Earnings Paid during Reporting Period** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| IV. ACKNOWLEDGEMENT & SIGNATURE: |
| RETURN MUST BE SIGNED – I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, complete and to the best of my knowledge.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS