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|  | City of Dayton, Kentucky  514 Sixth Avenue, Dayton, Kentucky 41074  Phone (859) 491-1600 Fax: (859) 491-3538  Website: 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.

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| 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