PULASKI COUNTY, KENTUCKY QUARTERLY LICENSE FEE RETURN

Tax Payer Account NO: _____ Number of Employees: _____

1. TOTAL WAGES & COMPENSATION _____

2. LESS WAGES EARNED OUTSIDE COUNTY _____

3. TAXABLE WAGES _____
(Line 1 minus Line 2)

4. TAX DUE Inside Somerset City Limits _____
(Line 3 X .8%)

TAX DUE County Only _____
(Line 3 X 1%)

5. ADD (+) DEBIT OR SUBTRACT (-) CREDIT _____

6. PENALTY _____
= 5% of tax due PER MONTH OR THEREOF
(25% Max -$25 Min. Late Fee) If quarterly license fee
is not paid by due date penalty and interest apply.

7. INTEREST = 12% per annum _____

8. TOTAL DUE (Line 4 (-LINE 5) + LINES 6 and 7) _____

PLEASE CHECK APPLICABLE BOXES

☐ ID # CHANGE _____

☐ NO ACTIVITY (This form must be returned even if there was no activity this quarter)

☐ FINAL RETURN (Indicates all taxes have been paid)

☐ ADDRESS CHANGE
_____
_____

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER : _____
FOR _____ QUARTER ENDING _____
DUE ON OR BEFORE END OF THE FOLLOWING MONTH
QUARTER ENDED MARCH 31 _____
QUARTER ENDED JUNE 30 _____
QUARTER ENDED SEPTEMBER 30 _____
QUARTER ENDED DECEMBER 31 _____
TOTAL REMITTED FOR YEAR _____

**FOURTH QUARTER INSTRUCTIONS:
**By February 28TH you must remit a reconciliation statement with name, social security #, and gross wages for each employee and a copy of your federal w-3. W-2s may be used in lieu of reconciliation. Federal employees must remit W-2 and pay all taxes due for the preceding year by February 28th.
All **1099** forms are due by February 28th.

I hereby certify the statements made herein and any supporting documents are true, correct, and complete.

_____FORM MUST BE SIGNED_____
Signature of Preparer Date Signature of Taxpayer Date
TITLE: _____ CONTACT #: _____ TITLE: _____ CONTACT #: _____

MAKE CHECK PAYABLE TO AND REMIT TO: TAX ADMINISTRATOR
PO BOX 658
SOMERSET, KY 42502-0658

For information call 606-679-2393

- PLEASE MAKE COPY FOR YOUR RECORDS DO NOT STAPLE CHECK TO THIS RETURN