



EMPLOYEE / EMPLOYER QUARTERLY

RETURN OF LICENSE FEE WITHELD

City of Hillview, 283 Crestwood Lane, Louisville, Kentucky 40229

Office: (502) 957-5280

Fax: (502) 955-5673

Business Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Account Number: _____ **Email:** _____

For Quarter Ending: _____ **Year:** _____

Payment is due within one month from above date (*reference: For Quarter Ending*). If a receipt is desired, enclose a self-addressed and stamped envelope.

Remit To: City of Hillview
283 Crestwood Lane
Louisville, KY 40229

*If no wages were paid this Quarter, mark "NONE", sign and return with an explanation.

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 1.8% _____
5. Penalty (*10% of Line 4*) _____
6. Total (*include penalty if due*) \$ _____

I hereby certify that all of the information and statements contained herein are true and accurate.

Signature

Title

Date