1. MUST ENTER NUMBER OF TOTAL EMPLOYEES [ ] TAXABLE EMPLOYEES [ ]

2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID	$	
3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF FRANKFORT		
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)		
5. ACTUAL TAX DUE IN QUARTER AT 1.75%	$	
6. ADJUSTMENTS (PRIOR QUARTERS)		
7. INTEREST – 1% PER MONTH OR PORTION OF MONTH UNTIL PAID.		
8. PENALTY – 5% PER MONTH OR PORTION OF MONTH NOT TO EXCEED 25%, HOWEVER IT SHALL NOT BE LESS THAN $25.00.		
9. TOTAL TAXES DUE INCLUDING INTEREST & PENALTY		

*IF NO WAGES WERE PAID THIS QUARTER, MARK **"NONE"** AND RETURN THIS FORM WITH EXPLANATION.

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNED _____

OFFICIAL TITLE _____ / _____
DATE

TELEPHONE 502-875-8504
FAX 502-875-8502

ORIGINAL-RETURN TO CITY OF FRANKFORT

Make Check Payable To:
DIRECTOR OF FINANCE, CITY OF FRANKFORT

ACCOUNT NO.	FOR QUARTER ENDING	DUE ON / OR BEFORE

NAME & ADDRESS OF EMPLOYER [ ]

Mail To: LICENSE FEE DIVISION
MUNICIPAL BUILDING
P.O. BOX 697
FRANKFORT, KY 40602

QUARTERLY LICENSE FEE RETURN

INDIVIDUAL, SELF EMPLOYED OR EMPLOYER'S QUARTERLY WITHHOLDING LICENSE FEE RETURN

NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER.

FORM EQ-1