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 _____ /
INDIVIDUAL, OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT DATE

TELEPHONE 502-875-8504

ORIGINAL - RETURN TO CITY OF FRANKFORT, K

ACCOUNT NO.	FOR QUARTER ENDING	DUE ON / OR BEFORE

NAME & ADDRESS OF EMPLOYER [ ]

TOTAL FRANKFORT LICENSE FEE WITHHELD

QUARTER ENDED MAR. 31, _____ _____

QUARTER ENDED JUNE 30, _____ _____

QUARTER ENDED SEPT. 30, _____ _____

QUARTER ENDED DEC. 31, _____ _____

TOTAL REMITTED FOR YEAR _____

Make Check Payable To:
DIRECTOR OF FINANCE

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

RECONCILIATION OF FRANKFORT LICENSE FEE WITHHELD FOR CALENDAR YEAR REQUIRED
(IF YOU HAVE LESS THAN 10 EMPLOYEES USE THE SPACE PROVIDED BELOW OR FURNISH COPIES OF EMPLOYEE'S W-2, LARGER CONCERNS MAY FILE OWN LISTING (SAME FORMAT BELOW) OR FURNISH W-2 COPIES.

SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	GROSS WAGES	TAXABLE WAGES	OCCUPATIONAL LICENSE WITHHELD
	IF REPORT IS COMPLETE ON THIS PAGE TOTAL HERE			

REPARED BY _____

ATTACH CONTINUATION SHEET(S) IF NECESSARY