

Licensee-

For Period ending

Month	Date	Year

Return due on or before

Month	Date	Year

**CITY OF CYNTHIANA
LICENSE FEE DIVISION
EMPLOYER'S
QUARTERLY RETURN OF
LICENSE FEE WITHHELD**

*If no wages were paid this period,
mark "NONE" and return this form*

1. Number of Taxable Employees _____
2. Total salaries, commissions, wages, and other compensation paid to all employees for services within the City limits of Cynthiana \$ _____
3. Actual Tax due in Quarter @ 1 ½ % \$ _____
4. Adjustment for preceding quarters \$ _____
(past due balances/underpayments)
5. Total after Adjustment \$ _____
6. Penalty (5% per month of amount due- \$25.00 minimum/not to exceed 25% of total Amount due) \$ _____
7. Interest (12% per annum) \$ _____
8. Balance due \$ _____

Print Name _____
Signed _____
 Official Title _____
 Phone Number _____
 Date _____

**Make checks payable and mail to:
City of Cynthiana,
P O Box 67, Cynthiana, KY 41031
Phone (859) 234-7150**

For office use only

Amount paid: _____