

City of Clinton
112 South Jefferson
Clinton, KY 42031
Phone : (270) 653-6419
Fax : (270)653-6422
Email : kwilson.cityofclinton@outlook.com

Annual Return of Individual Payer Payroll Lump-Sum License Fee

City of Clinton, Ky: Under Ordinance 2000-4-2

Number of Taxable Earners	\$ _____
Total Taxable Wages, Salaries, Commissions, Etc.	\$ _____
Actual Tax Owed At 1%	\$ _____
Penalty At 1% Per Month (not to exceed 10%)	\$ _____
Interest At 5% per Month	\$ _____
Total 9 Includes Penalty & Interest if Delinquent	\$ _____

IF NO EARNINGS ARE REPORTED AND NO TAXD REMITED, MARK NONE AND RETURN THIS FORM WITH AN EXPLANATION.

This form must be filed and tax paid before April 30th of each Year.

Name _____

Address _____

City _____ State _____ Zip _____

I Hereby Certify that the Information Contained Herein is True and Correct

Sign _____

Please return Form and Payment to address above.

(Note Only 1 Person per Form)