

City of Clinton
112 S Jefferson Street - PO Box 303
Clinton, KY 42031
Phone: (270)653-6419
Fax: (270)254-5585
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**EMPLOYERS QUARTERLY RETURN OF PAYROLL LICENSE FEE WITHHELD PURSUANT TO
CITY OF CLINTON, KY ORDINANCE 2000-04-02/AMENDED ORDINANCE 2023-08-04.**

**PLEASE FORWARD THIS FORM TO YOUR TAX AGENCY/PAYROLL SPECIALIST, IF NAME OR ADDRESS NEEDS
TO BE UPDATED, PLEASE E-MAIL REQUEST.**

1	Number of Taxable Employees	#	_____
2	Total GROSS Salaries, Wages, Commissions, and other Compensation Paid	\$	_____
3	Less Compensation Paid for Services Outside of City of Clinton	\$	_____
4	Taxable Earning (item 2 minus item 3)	\$	_____
5	Actual Tax Due in Quarter at 1%	\$	_____
6	Interest (0.5% per month) after due date		_____
7	Penalty (1% per month not to exceed 10%)	\$	_____
8	Total Taxes Due including Interest & Penalty	\$	_____

If no wages were paid this quarter mark "NONE" and Return this form with explanation. *SEE BELOW*

The return must be filed on or before date due as shown below:

For Quarter ending: March 31, 2025

Due on or before: April 30, 2025

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

Signature

Official Title

Date

Name of Employer

Address of Employer

Reminder: Please attach a listing of employee's and wages for work performed in the City of Clinton.

Please return this form, listing of employee's and wages, and payment to the following address:

**ATTN: City of Clinton
P.O. Box 303
Clinton, KY 42031**

If Form is ZERO, you may e-mail it along with explanation to
kwilson.cityofclinton@outlook.com