City of Clinton
112 S Jefferson Street - PO Box 303
Clinton, KY 42031
Phone: (270)653-6419
Fax: (270)254-5585
Email: kwilson.cityofclinton@outlook.com

EMPLOYERS QUARTERLY RETURN OF PAYROLL LICENSE FEE WITHHELD PURSUANT TO CITY OF CLINTON, KY ORDINANCE 2000-04-02.

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	**$**	_____
3	Less Compensation Paid for Services Outside of The City of Clinton	**$**	_____
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: June 30,2025
Due on or before: July, 31, 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 preformed 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@outllook.com