City of Clinton
112 S Jefferson Street - PO Box 303
Clinton, KY 42031
Phone: (270)653-6419 Fax: (270)653-6422
Email: kwilson.cityofclinton@outlook.com

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

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.

The return must be filed on or before date due as shown below, if it is not returned before the due date Interest and Penalty will apply:

For Quarter ending: September 30,2025
Due on or before: October, 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 _____

Tax Agency/Payroll Specialist Name _____

Tax Agency/Payroll Specialist Mailing Address _____

Please choose one of the following:

_____ I certify that the above address or where this notification was received is where I prefer to receive future quarterly payroll licenses fee forms.

_____Please update the address to what is listed above for future quarterly payroll licenses fee forms.

_____ I would like to receive any future quarterly payroll licenses fee forms by e-mail.

Email Address: _____

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