

CITY OF CLINTON, KENTUCKY

EMPLOYER'S QUARTERLY RETURN OF PAYROLL LICENSE FEE WITHHELD

Pursuant to City of Clinton Ordinance 2000-04-02 / Amended Ordinance 2023-08-04

TAX PERIOD (Check One)

<input type="radio"/> 1 st Quarter (Jan. 1 – Mar. 31) Due April 30	<input type="radio"/> 2 nd Quarter (Apr. 1 – Jun. 30) Due July 31	<input type="radio"/> 3 rd Quarter (Jul. 1 – Sep. 30) Due October 31	<input type="radio"/> 4 th Quarter (Oct. 1 – Dec. 31) Due January 31
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Tax Year: _____

BUSINESS/TAXING AGENCY INFORMATION

Business/Agency Name:	Federal ID No./ FEIN:
Mailing Address:	Phone:
City, State, Zip:	Email:

COMPUTATION OF TAX

AMOUNT

1. Number of Taxable Employees	
2. Total GROSS Salaries, Wages, Commissions, and Other Compensation Paid	\$
3. Less Compensation Paid for Services Performed Outside the City of Clinton	\$
4. Taxable Earnings (Line 2 minus Line 3)	\$
5. Actual Tax Due for 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 or Penalty	\$

IMPORTANT REMINDERS

- If this form is ZERO, it must still be completed, marked NONE, and returned with an explanation.
- Please attach a listing of employees and wages for work performed in the City of Clinton
- The maximum occupational license tax liability is \$400 per employee per year. Employers shall cease withholding for any employee once the annual maximum has been reached.
- Please forward this form to your tax agency/payroll specialist, if applicable.

CERTIFICATION

I hereby certify that the information and states contained herein and any schedules or exhibits attached hereto are true and correct.

Printed Name:	Official Title:
Signature:	Date:

RETURN FORM AND PAYMENT TO

City Of Clinton P.O. Box 303 Clinton, KY 42031	Phone: (270) 653-6419 Fax: (270) 653-6422 Email: kwilson.cityofclinton@outlook.com
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