

# CITY OF HORSE CAVE

121 Woodlawn Ave • PO Box 326 • Horse Cave, KY 42749

☐ (270) 786 2680 • ☐ fax (270) 786 2688

## EMPLOYER'S QUARTERLY LICENSE FEE RETURN

\_\_\_\_ Quarter 2022  
Ending \_\_\_\_\_

Return due  
30 days after end of quarter

NOTICE: If less than \$5.00 due, send no money. Complete/send form and add to following quarter.

1. NUMBER OF TOTAL EMPLOYEES	_____	
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID		\$ _____
3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF THE CITY OF HORSE CAVE		\$ _____
4. TAXABLE EARNING (ITEM 2 MINUS ITEM 3)		\$ _____
5. <b>TAX DUE FOR QUARTER AT 1% (#4 X .01)</b> <b>(LESS THAN \$5.00 due? Send this form and add amount due to next quarter #8)</b>		\$ _____
6. <u>INTEREST</u> 1% PER MONTH AFTER DUE DATE (do not apply to less than \$5 carryover)		\$ _____
7. <u>PENALTY</u> AFTER (30) DAYS FROM DUE DATE (do not apply to less than \$5 carryover) 5% PER MONTH NOT LESS THAN \$25 OR MORE THAN 25% OF TOTAL TAX DUE.		\$ _____
8. DUE FROM PREVIOUS QUARTER		\$ _____
9. <b>TOTAL DUE INCLUDING INTEREST, PENALTY, CARRYOVER</b>		\$ _____

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:  
**TREASURER, CITY OF HORSE CAVE**

\*IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION. NOTIFY OCCUPATIONAL TAX ADMINISTRATOR OF ANY CHANGE IN OWNERSHIP OR NAME & ADDRESS. FAILURE TO FILE PENALTY IS \$25.00.

SIGNED \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

Owner, Partner, Member, President, Treasurer, Agent

Date \_\_\_\_\_

**NOTICE: THIS FORM MUST BE RETURNED WHETHER YOU HAD EMPLOYEES OR NOT DURING THE QUARTER**