

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD



CITY OF VERSAILLES
TAX DEPARTMENT
196 SOUTH MAIN STREET
P.O. BOX 625
VERSAILLES, KY 40383

FOR PERIOD ENDED	DUE ON OR BEFORE
CITY OCCUPATIONAL ACCOUNT NUMBER	
MEMO TO TAXPAYER	
THIS RETURN MUST BE FILED WHETHER YOU HAD PAYROLL OR NOT DURING THIS PERIOD.	
LINE 1 MUST BE COMPLETED BY ALL TAXPAYERS.	

RETURN SERVICE REQUESTED

1. **Number of Taxable Employees**
2. **Total Gross Salaries, Wages, Commissions and other Compensation Paid**
3. **Less Compensation Paid for Services Outside City of Versailles**
4. **Taxable Earnings (Line 2 Minus Line 3)**
5. **City Tax Due (line 4 x 1.5%)**
6. **Less Estimated Payments**
7. **Net Taxes Due On or Before Due Date (Line 5 Minus Line 6)**
8. **Interest - 12% per anum after due date**
9. **Penalty - 5% of tax due per month or fraction of month**
not to exceed 25% of total tax due however, not less than \$25.00
10. **TOTAL TAX, PENALTY AND INTEREST**

I hereby certify that this information is true and correct:

NAME

EMAIL

TITLE

PHONE

DATE

INSTRUCTIONS TO TAXPAYER

Payments should be made payable to:
CITY OF VERSAILLES
P.O. BOX 625
VERSAILLES, KY 40383

Our office hours are:
Monday through Thursday 8:00am - 5:00pm
Friday 8:00am - 12:00pm

If this business has a change of address, ownership, or tax entity, please notify this office immediately.
The employer must submit an annual reconciliation of gross wages and taxes filed with the City
on or before the last day of February each year.
Please make a copy to retain for your records.