



**EMPLOYER'S QUARTERLY RETURN OF PAYROLL LICENSE FEE WITHHELD**

**City of Fulton, Kentucky**

**Under Ordinance 68-10**

- 
- |  |                 |
|--|-----------------|
| 1. Number of Taxable Employees   | _____           |
| 2. Total salaries, wages, commission and other compensation paid all employees (*) Gross | \$ _____        |
| 3. Less: Non-taxable items (compensation paid for services provided outside of Fulton)   | -\$ _____       |
| 4. Taxable earnings (Item 2 minus item 3)  | \$ _____        |
| 5. Actual tax withheld in quarter at 2%  | \$ _____        |
| 6. Interest @ .5% per month  | +\$ _____       |
| 7. Penalty (1 % per month) not to exceed 10%   | +\$ _____       |
| <b>8. Total (including interest and penalty if delinquent)</b>                           | <b>\$ _____</b> |

*\*If no wages were paid this quarter, mark NONE and return this form with explanation.*

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

(NAME) \_\_\_\_\_

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

**This return must be filed on or before date due as shown below.**

Make checks or money order payable to:  
**TREASURER, CITY OF FULTON, KENTUCKY.**

**Account #** \_\_\_\_\_

**EMPLOYER'S NAME AND ADDRESS:**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_, **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email address** \_\_\_\_\_

**For Quarter ended** \_\_\_\_\_  
**Due on or before** \_\_\_\_\_

**Mail to:**

**Notify the City Clerk, City of  
Fulton, of change in ownership  
or name and address shown above**

**City of Fulton  
P O Box 1350  
Fulton, KY 42041**