

EMPLOYEE/EMPLOYER QUARTERLY RETURN OF LICENSE FEE WITHHELD

- 1. Total earnings paid all employees (*) _____
- 2. Less earnings for outside services rendered _____
- 3. Taxable earnings (Line 1 minus Line 2) _____
- 4. Actual tax withheld in quarter at 2% _____
- 5. Penalty (1% of Line 4) _____
- 6. Total (include penalty if due) \$ _____

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

Remit To: City of Midway
P.O. Box 4275
Midway KY 40347-4275

FOR QUARTER ENDING:
Payment due within one month from the above
date (If receipt desired, enclose self-addressed,
stamped envelope.)
I hereby certify that the information and statements
contained herein or attached are correct.
Date

Signature

Title-Owner, Partner, President, Etc.

