

**EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD**  
**ORDINANCE NUMBER 2007-016**

SEE INSTRUCTIONS IN THE  
 INSTRUCTION BOOKLET

1. NUMBER OF TAXABLE EMPLOYEES _____	
2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER COMPENSATION PAID ALL EMPLOYEES* _____	\$ _____
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF EMINENCE) _____	_____
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM3) _____	_____
5. ACTUAL TAX DUE IN QUARTER AT 3/4 % (.0075)	\$ _____
6. LESS: PREPAYMENTS _____	\$ _____
7. INTEREST (1% PER 30 DAYS OR FRACTION) _____	_____
8. PENALTY (10%) _____	_____
9. TOTAL (INCLUDES INTEREST AND PENALTY IF DUE) _____	_____


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

(signed)

(official title) \_\_\_\_\_ \_/ \_/ \_ (date)  
 Owner, Partner, Member, President, Treasurer, Agent.

For Quarter Ending		
MO.	DAY	YR.
DUE ON OR BEFORE 30 DAYS AFTER QUARTER		

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

(NAME AND ADDRESS OF EMPLOYER)

NOTIFY CITY CLERK/TREAS..., CITY OF EMINENCE, OF ANY CHANGES IN OWNERSHIP OR  
 NAME AND ADDRESS SHOWN ABOVE.  
 If Receipt is Desired, Return Employer's Copy of This Form and Enclose Self-Addressed, Stamped Envelope.

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
 CITY OF EMINENCE

MAIL TO:  
 City Clerk/Treas.  
 City of Eminence  
 PO BOX 163  
 Eminence KY 40019

*Please remember to include your name and address above.*