



City of Columbia
 116 Campbellsville Street, Columbia, KY 42728
 270-384-2501 - www.cityofcolumbiaky.com

EMPLOYER'S QUARTERLY RETURN

Quarter Ending _____

Date Due _____

1. NUMBER OF TAXABLE EMPLOYEES	
2. TOTAL SALARIES WAGES, COMMISSIONS AND OTHER COMPENSATION PAID ALL EMPLOYEES	\$
3. LESS NON TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES PAID OUTSIDE OF City Of Columbia)	
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)	\$
5. ACTUAL TAX WITHHELD IN QUARTER AT 1%	
6. PENALTY 5% of Tax Due for each month or fraction thereof not to exceed 25% of total tax due: not be less than \$25	
7. INTEREST ON PENALTIES 12 % (PER ANNUM)	
8. TOTAL INCLUDES INTEREST AND PENALTY IF DUE	
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, correct and complete to the best of my knowledge.

SIGNED _____
 TITLE _____
(Owner, Partner, Member, President, Treasurer, Agent) Date _____

THIS RETURN MUST BE FILED ON OR BEFORE DATE DUE AS SHOWN ABOVE
Make payments payable to City of Columbia, 116 Campbellsville Street, Columbia, KY 42728

TO AVOID FEES THIS FORM MUST BE RETURNED WITH PAYMENT. PLEASE MAKE A COPY OF THIS RETURN FOR YOUR RECORDS

NOTIFY OCCUPATIONAL TAX COLLECTOR ANY CHANGES... OWNERSHIP, NAME AND ADDRESS, OR CLOSURE OF BUISNESS.