



CITY OF LEITCHFIELD  
QUARTERLY RETURN  
OF LOCAL TAX WITHHELD  
(Under Ordinance Dated 7-18-94)

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN BELOW

LICENSEE

PLEASE CHECK THE QUARTER YOU ARE REPORTING

1. Quarter Ending:      Due:
- 03-31                  04-30
- 06-30                  07-31
- 09-30                  10-31
- 12-31                  01-31

2. NUMBER OF TAXABLE EMPLOYEES \_\_\_\_\_
3. TOTAL EARNINGS \_\_\_\_\_
4. NON-TAXABLE EARNINGS \_\_\_\_\_
5. TAXABLE EARNINGS (LINE 3 MINUS LINE 4) \_\_\_\_\_
6. TOTAL LOCAL TAX (1.20000% OF LINE 5) \_\_\_\_\_
7. ADJUSTMENTS FROM PREVIOUS QUARTER \_\_\_\_\_
8. BALANCE DUE AFTER ADJUSTMENTS \_\_\_\_\_
9. PENALTY \$50 INTEREST 6%/ANNUM \_\_\_\_\_
10. TOTAL DUE (LINE 8 MINUS LINE 9) \_\_\_\_\_

Make Check Payable to:  
City Treasurer

Mail to:  
License Fee Division  
P.O. Box 398  
Leitchfield, KY 42755

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.

SIGNED: \_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_ / / \_\_\_\_\_  
Owner, Partner, Member, President, Treasurer, Agent      Date