

CITY of MOREHEAD, KENTUCKY

Occupational License Fee Return

TAX OFFICE USE ONLY	
DATE RECEIVED	
CHECK #	
AMOUNT	
G/L	
INITIALS	

EMPLOYER'S MONTHLY/QUARTERLY RETURN OF LICENSE FEE WITHHELD

Each employer of one or more persons must withhold the license fee of 1.5% from gross salaries, wages and commissions paid. All employees are subject to the license fee, except those noted in City Ordinance. A return for all license fees withheld must be filed and the license fee paid by the last day of the month following the close of the reporting period. An employer shall be liable to a fine and imprisonment as provided by ordinance for failure to file a return and/or to pay the license fee or for filing a fraudulent return.

<p>PIDN _____</p> <p>Employer Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ ZIP _____</p> <p>Contact Name _____</p> <p>Phone # _____</p> <p>Email _____</p> <p>** Submit all name, address or ownership changes below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Check One</p> <p>Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/></p>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Period Ending</th> <th style="width: 20%;">mm/dd/yyyy</th> <th style="width: 20%;">Due Date</th> <th style="width: 20%;">mm/dd/yyyy</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>1. Number of Subject Employees _____</p> <p>2. Total salaries, wages, commission or other compensation paid to all employees _____</p> <p>3. Compensation not subject (compensation paid for work outside Morehead) _____</p> <p>4. Earnings subject to License Fee (Line 2 - Line 3) _____</p> <p>5. License Fee due for period @ 1.5% (Line 4 x .015) _____</p> <p>6. Adjustments (explain): _____</p> <hr/> <p>7. Penalty 5% per month, maximum 25%, Minimum \$25 _____</p> <p>8. Interest, 1% per month _____</p> <p>9. TOTAL AMOUNT DUE _____</p>	Period Ending	mm/dd/yyyy	Due Date	mm/dd/yyyy				
Period Ending	mm/dd/yyyy	Due Date	mm/dd/yyyy							

No wages to report this quarter (Explanation: _____)

FINAL RETURN (Date business closed _____)

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

Signature Title Date

Mail to: **City of Morehead**
P.O. Box 490
Morehead, KY 40351
(606)784-9744
businesslicensing@morehead-ky.gov

Information obtained from this form, including the business name, business address, names of owner(s) and agent(s) of the business, and whether or not the business is delinquent in the payment of its taxes is subject to public disclosure. All proprietary and confidential information exempt from disclosure under the Kentucky Open Records Act shall be confidential and shall not be disclosed.