

CITY OF WARSAW ORDINANCE #1989-221.5
303 East Main Street
P.O. BOX 785
WARSAW, KENTUCKY 41095-0785
859-567-5900 Phone
859-567-5931 Fax only

EMPLOYERS' QUARTERLY RETURN OF LICENSE FEE WITHHELD

Name: _____

Address: _____

Phone Number: _____

- | | |
|------------------------------------|-------|
| 1) EARNINGS OF ALL EMPLOYEES | _____ |
| 2) EARNINGS OUTSIDE WARSAW | _____ |
| 3) EARNINGS SUBJECT TO LICENSE FEE | _____ |
| 4) ACTUAL FEE AT 1% | _____ |
| 5) PENALTY | _____ |
| 6) INTEREST | _____ |
| 7) TOTAL | _____ |
| 8) TOTAL NUMBER OF EMPLOYEES | _____ |

FOR CALENDAR YEAR : _____ QUARTER ENDED: _____

DUE 30 DAYS AFTER END OF QUARTER

SIGNED _____ TITLE _____

I declare under penalties of perjury, that this return has been examined by me to the best of my knowledge and belief is a true, correct, and complete return.

PAYROLL WITHHOLDING TAX

Employees working in the City of Warsaw are to be taxed at a rate of 1% of their gross salary or compensation. An annual cap on the taxable salary or compensation is set at an amount equal to the federal social security maximum.