

CITY OF WILDER

LICENSE DEPARTMENT
520 Licking Pike
Wilder, Kentucky 41071

Total Earnings Paid All Employees \$ _____

Less Earnings for Services Outside Wilder \$ _____

Earnings Subject to License Fee (Line 1 minus 2) \$ _____

Actual Fee Withheld at 2.25% \$ _____

Penalty (10% of line 4) Minimum penalty of \$5.00 \$ _____

Interest (1/2 of 1% of line 4 Per month or fraction thereof) \$ _____

Employers Quarterly Return of License Fee Withheld

Under City of Wilder Ordinance 01-0901& Amended 03-0401

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

Signature Title Date

Name and Address:

QUARTER ENDING: _____

TOTAL DUE: _____

PLEASE READ INSTRUCTIONS CAREFULLY

Carbon copy of Social Security return on unprinted paper will be acceptable. If you Social Security return contains names which are not subject to license fee you are requested to rule out those names.

Employees Social Security Number	Name of Employee (Please Print or Type)	Earnings Paid To Employees During Quarter

TOTALS FOR THIS PAGE-Taxable wages and number of employees \$ _____ Number of Employees _____