

**CITY OF SHIVELY**  
Statement and Return of All Personal Property

To comply with requirement for equality of assessment of all property under decision of the Court of Appeals of Kentucky. Personal property subject to taxation in the City of Shively, held or owned by:

Either in his own right or as a Fiduciary Guardian or Agent, on January 1, 2016 for the raising of revenue for the year 2016.

**FULL VALUE OF PERSONAL PROPERTY**

1. Value of office, store shop furniture and fixtures used for business purposes \$ \_\_\_\_\_  
**\*(Please exclude any items reported on Schedule B of the State Tangible Personal Property tax return, as they are not taxable within the City)\***
  
  2. Value of goods, wares and merchandise in inventory \$ \_\_\_\_\_  
**\*(For manufacturers only, please include only work-in-process and finished goods inventory balances. Non-manufacturer's must report all merchant inventory from Line 31 of the State Tangible Personal Property, as this inventory is fully taxable within the City)\***
  
  3. Miscellaneous: other personal property **NOT** subject to real estate tax \$ \_\_\_\_\_
- TOTAL VALUE OF PERSONAL PROPERTY** \$ \_\_\_\_\_

**YOU MUST ATTACH A COPY OF YOUR STATE PERSONAL PROPERTY FORM**

I do solemnly swear that the above is a true list of all Taxable Personal Property owned by me or held by me in the City of Shively, Kentucky as of January 1, 2016.

Signature of person completing this form \_\_\_\_\_  
Telephone number \_\_\_\_\_ Date \_\_\_\_\_

**This form must be notarized and returned to:**

City of Shively Tax Assessor  
3920 Dixie Highway  
Shively, Kentucky 40216

**\*\*\*NO LATER THAN MAY 15, 2016\*\*\***

**Notice: Failure to return this form with values declared will result in an arbitrary assessment being made by the tax assessor at a value set by the assessor.**

Signed and sworn before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

Notary \_\_\_\_\_ my commission expires: \_\_\_\_\_.

1. NUMBER OF TAXABLE EMPLOYEES	
2. SALARIES, WAGES, COMMISSION & OTHER COMPENSATION PAID ALL EMPLOYEES	\$
3. AMOUNT OF LINE 2 EARNED OUTSIDE SHIVELY	\$
4. AMOUNT OF SALARIES, WAGES, COMMISSIONS, ETC. SUBJECT TO TAX EARNED WITHIN THE CITY OF SHIVELY	\$
5. TAX WITHHELD IN QUARTER (Item No. 4 x 1.50%)	1.50%

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT. \_\_\_\_\_ DATE

SIGNED \_\_\_\_\_ Official Title \_\_\_\_\_  
 Owner, Partner, Manager, President, Etc.

FOR QUARTER ENDING	6. TOTAL TAX	\$
DUE ON OR BEFORE	7. PENALTY 10%	\$
	8. INTEREST 6% Per Annum	\$
	9. TOTAL DUE (Line 6 + Line 7 + Line 8)	\$

MAKE CHECK PAYABLE TO: CITY OF SHIVELY  
 AND MAIL TO: 3920 Dixie Hwy.  
 Shively, KY 40216

★ IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN FORM WITH EXPLANATION NOTIFY COMMISSIONERS OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

**PLEASE RETURN THE PINK COPY AND RETAIN THE WHITE DUPLICATE**

Annual Reconciliation

CITY OF SHIVELY

ENTER TOTAL OCCUPATIONAL TAX WITHHELD FROM WAGES AS SHOWN BY EMPLOYER'S QUARTERLY RETURN OF LICENSE FEES WITHHELD (FORM W-1)

Employer's annual reconciliation of taxes withheld and quarterly payments. To be accompanied by list of employees' names, addresses, S. S. No. and gross pay.

CITY OF SHIVELY		FOR CALENDAR YEAR	6. TOTAL TAX REMITTED ON QUARTERLY RETURNS \$
		DUE ON OR BEFORE	7. TOTAL TAXES WITHHELD PER EMPLOYEE STATEMENTS ATTACHED \$
1. QUARTER ENDED MARCH 31 . . . . .	\$		
2. QUARTER ENDED JUNE 30 . . . . .	\$		
3. QUARTER ENDED SEPTEMBER 30 . . . . .	\$		
4. QUARTER ENDED DECEMBER 31 . . . . .	\$		
5. TOTAL REMITTED FOR YEAR . . . . .	\$		

ANY DISCREPANCY BETWEEN THE AMOUNTS SHOWN ON LINES 6 AND 7 MUST BE FULLY EXPLAINED IN AN ATTACHED STATEMENT.

PLEASE RETURN W2 FORM WITH THIS ANNUAL RECONCILIATION

PLEASE RETURN THE WHITE COPY AND RETAIN THE GREEN DUPLICATE