Employer's Quarterly Return of Occupational License Fees Withheld

FORM W-1 **CITY OF SHIVELY, 3920 Dixie Hwy., Shively, KY 40216**

Quarterly report of wages paid and tax withheld. Due last day of month following end of each calendar quarter.

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	
DUE ON OR BEFORE	

6. TOTAL TAX	$
7. PENALTY 10%	$
8. INTEREST 6% Per Annum	$
9. TOTAL DUE (Line 6 + Line 7 + Line 8)	$

MAKE CHECK PAYABLE TO:
AND MAIL TO:

CITY OF SHIVELY
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