

## City of Grayson, Kentucky 302 E. Main Street- City Hall **Grayson, Kentucky 41143**(606) 474-6651

## **Employers Return of License Fee Withheld and Remittance**

Make checks payable to: City of Grayson-Occupational License

		1 7			
Bu	siness Information				
☐ Check here if business information has changed since lasteport			<sup>1</sup> Federal Tax ID#:		
<sup>2</sup> Company:			³DBA:		
<sup>4</sup> St	reet Address:	<sup>5</sup> Phone #:			
<sup>6</sup> Mailing Address:			<sup>7</sup> Fax #:		
<sup>8</sup> City: State:		<sup>9</sup> Zip Code:			
Return/Period Information					
<sup>10</sup> Reporting period(quarter):					
11	Due date:				
12 Preparer Name and Title:					
13 Preparer/Contact Email:					
Calculations					
14	Number of subject emplo	yees.			
15	Gross salaries, wages and other compensation paid to employees for work performed within the city.			rk S	\$
16	Multiply line 15 by the 1 percent Occupational License fee (.01)			9	\$
17	If filed after due date: Add 5% monthly penalty (max. 25%) and 12% interest per annum (1% per month).				\$
18	<b>Total Payment Due</b>				<u> </u>
Declaration of accuracy Under the penalties of perjury, I declare that the information contained in this return, and any schedules or exhibits attached, is true and accurate to the best of my knowledge  Signature of Preparer  Date					
Form #OL1 (12/07)rev(12/08)					
Instructions and additional information over, Page 2					
For City Use Only					
	Date received:	Checl	x #· Initia	als:	

In 2008, the City of Grayson amended the occupational fee ordinance as required by statute, **effective 1/1/09.** Kentucky Revised Statutes 67.750 thru 67.795 requires cities to collect occupational license fees (payroll tax) on gross earnings, not adjusted gross. This means as of January 1, 2009, previously allowed deductions **cannot** be considered.

## **INSTRUCTIONS**

Please fill out the return in its entirety. Questions concerning the completion of this document, or any associated documents should be directed to the city clerk or city treasurer, Grayson City Hall, 302 E. Main Street, Grayson, KY 41143 or by calling 606-474-6651.

## Description of each box or line to assist in the completion of this document.

- 1- Enter company/employer/entity Federal Tax ID# or Social Security # for individual filer .
- 2- Enter parent company, corporation or entity matching Federal Tax ID# or Individuals name for individual filer.
- 3- Enter local "Doing Business As" name if different from line 2.
- 4- Local Grayson street address of company, corporation, entity or DBA.
- 5- Phone number of payroll department of responsible company, corporation or entity withholding fee and remitting payment.
- 6- Postal mailing address of payroll department of responsible company, corporation or entity withholding fee and remitting payment.
- 7- Fax telephone number of payroll department of responsible company, corporation or entity withholding fee and remitting payment.
- 8- City and State related to box 6.
- 9- Zip code related to box 8.
- 10- Enter reporting period (1 st qtr-Jan thru March, 2 nd qtr- April thru June, 3 rd qtr- July thru Sept, 4th qtr- Oct thru Dec) and year.
- 11- Enter the due date of the return and payment (1st qtr- April 31, 2nd qtr- July 31, 3rd qtr- October 31, 4th qtr- January 31).
- 12- Enter the name and title of the return preparer.
- 13- Enter an email address, if avail able, for the preparer or contact person for correspondence from the city.
- 14- Enter total number of employees subject to fees, in any portion or amount.
- 15- Enter total amount of all wages, salaries or other compensation for work deemed performed within the city limits.
- 16- Multiply the amount on line 15 by .01 (1%) to arrive at the amount of fee due. (Ex.  $$10,000 \times .01 = $100$ )
- 17- Enter any interest or penalties for payments after the due date. (5% penalty per month, up to 25% and 1% interest per month, 12% annually).
- 18- Add lines 16 and 17 to determine Total Payment Due.
- 19- The preparer shall sign the return to validate the accuracy of information contained therein.
- 20- Date of the returns completion.