



THE
CITY
OF

GUTHRIE

P.O. Box 125
Guthrie, KY 42234
270-483-2511 Fax 270-483-0717

Employer's Monthly/Quarterly Return of License Fee Withheld (Payroll Tax)

Under City of Guthrie, Kentucky, Ordinance 2018-3

Month Ending: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

- | | |
|---|----------|
| 1. Total earnings paid to all employees (*gross): | \$ _____ |
| 2. Less earnings for outside services rendered outside Guthrie: | \$ _____ |
| 3. Taxable earnings (Line 1 minus Line 2): | \$ _____ |
| 4. Actual tax withheld in quarter at 2%: | \$ _____ |
| 5. Penalty (10% of Line 4): | \$ _____ |
| 6. Total, including penalty, if due: | \$ _____ |

*If no wages were paid this month/quarter, enter NONE for questions 1-6. Sign and return form.

Signature

I hereby certify the above information is correct.

Title

Date

Payment to City of Guthrie due 15th of following month.

MAIL PAYMENT TO:
City of Guthrie
P.O. Box 125
Guthrie, KY 42234