

QUARTERLY OCCUPATIONAL TAX RETURN

1 Enter number of total employees () Taxable Employees ()

2 Total Salaries, Wages, Commissions, and other Compensations paid. \$ _____

3 Less Compensation paid for Services outside of Hebron Estates \$ _____

4 Taxable earning (#2 minus #3) \$ _____

5 Tax due in Quarter (1%) \$ _____

6 Adjustments (prior quarters) \$ _____

7 Penalty (5% per month up to \$25.00) \$ _____

8 Interest after due date (1% per month) \$ _____

9 Total Taxes Plus Penalty & Interest Due \$ _____

If no wages paid per quarter, enter "NONE" and return this form with explanation.

Employer Name: _____
Address: _____

NOTICE: THIS FORM MUST BE RETURNED EVERY QUARTER (WITH OR WITHOUT EMPLOYEES)

I HEARBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBIT ATTACHED ARE TRUE AND CORRECT.

SIGNED: _____
OFFICIAL
TITLE: _____

Make check payable to: **City of Hebron Estates**
PO BOX 416
Hillview, KY 40129

Mail check to:

City Phone & Fax: 502-957-3106

ACCOUNT NO.	QUARTER PAYING		DUE ON OR BEFORE	
	JanFebMar	AprMayJun	15-Apr	15-Jul
	JulAugSep	OctNovDec	15-Oct	15-Jan

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