



CITY OF MIDDLETOWN

Phone: 502-245-2762 web: cityofmiddlesboro.org

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

Return to: 11803 Old Shelbyville Road, Middletown, KY 40243
e-mail: license@cityofmiddlesboro.org

Business Name: _____

For Period Ended: _____ Due on or Before: _____ Business License Number: _____

This return must be filed whether you had payroll or not during this period. Line 1 must be completed.

1. Number of Taxable Employees working in the City of Middletown: _____
2. Total Gross Salaries, Wages, Commissioner and other Compensation Paid: _____
3. Less Compensation Paid for Services Outside City of Middletown: _____
4. Taxable Earnings (Line 2 minus Line 3): _____
5. City Tax Due (Line 4 X 1%): _____
6. Less Estimated Payments: _____
7. Net Taxes Due on or Before Due Date (Line 5 minus Line 6): _____
8. Interest – 1.5% per annum after due date: _____
9. Penalty – 10% of tax due per month or fraction of month not to exceed 25% total tax _____
 - a. Not less than \$25.00
10. Total Tax, Penalty and Interest _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Instructions to Taxpayer

Make Payment to City of Middletown, 11803 Old Shelbyville Road, Middletown, KY 40243

Office hours are Monday – Friday, 8:30am – 5pm

If the business changes address, ownership or tax entity, please notify City of Middletown immediately.

Quarterly periods end on the last day of March, June, September, and December with the quarterly return due on or before the last day of the following month. The employer must submit an annual report/reconciliation of gross wages and taxes filed on or before the last day of February each year.

Office use only: Date Received _____

Amount Received: _____