

EMPLOYEE/EMPLOYER QUARTERLY RETURN OF LICENSE FEE WITHHELD

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|--|----------|
| 1. Total earnings paid all employees (*)       | _____    |
| 2. Less earnings for outside services rendered | _____    |
| 3. Taxable earnings (Line 1 minus Line 2)      | _____    |
| 4. Actual tax withheld in quarter at 0.75%     | _____    |
| 5. Penalty (15% of Line 4)                     | _____    |
| 6. Total (include penalty if due)              | _____ \$ |

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\* If no wages were paid this quarter, mark "NONE", sign and return with explanation.

Remit To: City of Marion  
217 S. Main St.  
Marion KY 42064

FOR QUARTER ENDING:

Payment due within one month from the above date (If receipt desired, enclose self-addressed, stamped envelope.)

I hereby certify that the information and statements contained herein or attached are correct.

Date \_\_\_\_\_

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Signature

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Title-Owner, Partner, President, Etc.