

**CITY OF WEST BUECHEL
3705 BASHFORD AVENUE
LOUISVILLE, KY 40218**

CITY OF WEST BUECHEL KENTUCKY - Quaterly report of wages paid and tax withheld.

Employer's Quarterly Return of Occupational License Fees Withheld

Due last day of month following and of each calendar quarter.

1. NUMBER OF TAXABLE EMPLOYEES		FOR QUARTER ENDING	* IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN WITH A W-3. NOTIFY COMMISSIONERS OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.	6. TOTAL TAX \$
2. SALARIES, WAGES, COMMISSION & OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$	DUE ON OR BEFORE		7. PENALTY \$ <small>(5% per month, not to exceed 5 months)</small>
3. AMOUNT OF LINE 2 EARNED OUTSIDE WEST BUECHEL	\$	ACCOUNT NO.		8. INTEREST \$ <small>(12% Per Annum)</small>
4. AMOUNT OF SALARIES, WAGES, COMMISSIONS, ETC. SUBJECT TO TAX EARNED WITHIN THE CITY OF WEST BUECHEL	\$	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		9. TOTAL DUE \$ <small>(Line 6 + Line 7 + Line 8)</small>
5. TAX WITHHELD IN QUARTER <small>(ITEM NO. 4 X 1.5%)</small>	1.50%	NAME ON CARD _____	CHECK # _____	PAY TO: CITY OF WEST BUECHEL 3705 BASHFORD AVENUE LOUISVILLE, KY 40218
COMPANY NAME _____		CARD # _____	DATE _____	
ADDRESS _____		CVC CODE # _____	EXP. DATE _____	I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT
FORM W-1		SIGNED _____	_____ DATE	Official _____ Title _____ <small>Owner, Partner, Manager, President, Etc.</small>