

**CITY OF MAYFIELD**  
**PO Box 920, Mayfield, KY 42066--- (270) 251-6210**  
**EMPLOYER/EMPLOYEE QUARTERLY RETURN OF LICENSE FEE WITHHELD**

- |  |          |
|--|----------|
| 1. Total gross wages paid all employees during the quarter                               | \$ _____ |
| 2. Less gross wages for services outside the city of Mayfield                            | \$ _____ |
| 3. Taxable gross wages (Line 1 minus Line 2)   | \$ _____ |
| 4. <b>1.9% of all gross wages paid to each employee</b>                                  | \$ _____ |
| 5. License fee withheld in quarter   | \$ _____ |
| 6. Penalty if not paid when due (5% per month past due, or \$25.00 whichever is greater) | \$ _____ |
| 7. Interest (1% per month past due.)   | \$ _____ |
| 8. Total (include Lines 6 & 7 if due)  | \$ _____ |

If no wages paid this quarter, mark "NONE", sign and return form with explanation

**FOR QUARTER ENDED:** \_\_\_\_\_

**Address:**

**PAYMENT DUE:** \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_