

INDIVIDUAL OR EMPLOYER'S QUARTERLY WITHHOLDING TAX RETURN
 NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER, UNDER
 ORDINANCE # 06-10-14. Notify Caldwell Co Occupational Tax Administrator of any change in ownership of name and address shown above.

| | | |
|--|----|--|
| 1. NUMBER OF TAXABLE EMPLOYEES | | |
| 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID | \$ | |
| 3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF CALDWELL CO OCCUPATIONAL | | |
| 4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) | | |
| 5. ACTUAL TAX DUE IN QUARTER AT % | \$ | |
| 6. ADJUSTMENTS (PRIOR QUARTER) | | |
| 7. INTEREST (1% PER MONTH) AFTER DUE DATE | | |
| 8. PENALTY (1% PER MONTH NOT TO EXCEED 1%) | | |
| 9. TOTAL TAXES DUE INCLUDING INTEREST PENALTY | | |

IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION.

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED
 HEREIN AND ANY SCHEDULES OR EXHIBITS ARE TRUE AND CORRECT.

SIGNED _____
 OFFICIAL TITLE _____ DATE _____

**Caldwell Co Occupational
 QUARTERLY PAYROLL TAX
 CALDWELL COUNTY TREASURER**

Make Check Payable To:

| VENDOR NO. | FOR QUARTER ENDING | DUE ON / OR BEFORE |
|------------|--------------------|--------------------|
| | 9/30/2024 | 10/30/24 |

ORIGINAL - RETURN TO

MAIL TO: **Caldwell Co Occupational
 100 E Market St Room 27
 Princeton, KY 42445
 Phone: (270) 365-9776
 Fax: (270) 365-6637**

Name,
 Account No.
 Address Of
 Employer

| | |
|--------|--|
| #Type! | |
| Attn: | |