EMPLOYER'S QUARTERLY RETURN OF 1 1/2% PAYROLL DEDUCTION

Under City of Dawson Springs, Kentucky, Ordinance No. A-24 Please print or type.

*****Taxpayer Name*****

Federal I.D. #

	*****Mailing Address****	***Quarter Ending	5 ***
1.	Total earnings paid all employees (*)	\$	
2.	Less earnings for services rendered outside Dawson Spring	<u></u>	
3.	Taxable earnings subject to deduction (Line 1 minus Line 2	2)	
4.	Actual tax withheld in quarter at 1 1/2%	\$	
5.	Less 2% for collecting	·····	
6.	Total (Line 4 less Line 5)		
7.	Penalty (10%, Plus 6% of Line 6)	·····	
8.	TOTAL Amount Due (Includes penalty if due)	\$	
	Number of Employees		
*If no wages paid this quarter, mark "NONE", sign and return form with explanation.			
Make check payable to City of Dawson Springs Payment due within one			
	P. O. Box 345	calendar month from	n
	Dawson Springs, KY 42408	end of quarter.(30 d	ays)

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

Signature Title Date

Please return one (1) copy and submit with payment on or before the due date. For assistance, please call the City Clerk's Office from 8:00 a.m. to 4:00 p.m., Monday through Friday, (270)797-2781.

PLEASE COMPLETE NAME AND ADDRESS AT TOP PORTION OF RETURN.