

City of Jackson Quarterly Withholding

Name of Business: _____

Quarter Ending: _____

Date Due: _____

1. Number of Taxable Employees	_____
2. Total Salaries, Wages, Commissions And other Compensations Paid All Employees	_____
3. Less Non-Taxable Items (Compensation Paid for Services Paid Outside of Jackson)	_____
4. Taxable Earnings (Items 2 Minus Item 3)	_____
5. Actual Tax Withheld in Quarter at 2%	_____
6. Penalty 10% of License Fee	_____
7. Interest on Penalties 8% (per annum)	_____
8. Total Included Interest and Penalty if due	_____

***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 attached are true and correct.

Signed: _____

Official Title: _____ Date: _____

Quarters End as of March 31st, June 30th, September 30th, December 31st

This return is due on or before the 30th day of the month following quarter ending date. Penalty of 10% will be added on the 16th day of the following month, as per Ordinance #102016-A.

- **Notify License Fee Division, City of Jackson of any change in ownership or name and address shown above.**
- **If a receipt is desired, return employers copy of this form and enclose a self-addressed stamped envelope.**
- **Please mail all payments to: City of Jackson 333 Broadway Jackson, Kentucky 41339**