

CITY OF SHEPHERDSVILLE TAX ADMINISTRATOR

Employer's Return of License Fee Withheld

If no wages were paid this period, mark "NONE" and return this form.

1. Total salaries, wages, commissions and other compensation paid to all employees for services within the city of Shepherdsville. \$ _____
2. Tax Due this period at **1.5%** \$ _____
3. Adjustments for preceding quarters (Past due balances/payments) \$ _____
4. **Penalty** for late filing *10% of amount due or \$10.00, whichever is greater.* \$ _____
5. Interest (.5% per month after due date.) \$ _____

6. Total Taxes Due (Including Interest and Penalty) \$ _____

I hereby certify that the information, schedules, statements and exhibits filed herewith, are true and correct.

Signed _____ Date _____

Official Title _____

Contact Number _____

Business Name and Address:

Account Number: _____

Indicate any name or address changes above.

For Period Ending

Month	Day	Year

RETURN DUE ON OR BEFORE

Those Filing Quarterly

April 30, July 31, October 31, January 31

Federal ID Number

Make your check or money order payable to: City of Shepherdsville

Mail to:
City of Shepherdsville
Attn: Tax Administrator
P.O. Box 400
Shepherdsville, KY 40165

Phone: 502-543-2923
Fax: 502-543-6201