

# 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. Less Earnings for outside services rendered \$ \_\_\_\_\_
3. Tax Due this period at **1.5%** \$ \_\_\_\_\_
4. Adjustments for preceding quarters (Past due balances/payments) \$ \_\_\_\_\_
5. **Penalty** for late filing *10% of amount due or \$10.00, whichever is greater.* \$ \_\_\_\_\_

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

### RETURN DUE ON OR BEFORE

Those Filing Annually  
January 31 of following year

### 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