

# 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 **2%** \$ \_\_\_\_\_

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**