CITY OF JEFFERSONTOWN, KENTUCKY ▪ P.O. BOX 991458 ▪ JEFFERSONTOWN, KY 40269-1458

Phone (502) 267-8333 ▪ Fax (502) 267-0547 ▪ www.jeffersontownky.gov

Return MUST be Completed Regardless of Remittance

PRINT FORM

CITY **EMPLOYEE** WITHHOLDING TAX

TAX PERIOD ENDING	DUE ON OR BEFORE
4th Qtr - Dec. 31st	
CITY OCCUPATIONAL ACCOUNT NUMBER	
BUSINESS NAME	
AMENDED RETURN ☐	PAID BY CREDIT CARD / ACH ☐

STANDARD TAX PAYMENT

L-1 PERIOD: MAR 31 · JUN 30 · SEP 30 · DEC 31 ▶ ▶ ▶ ▶ ▶ 2018
Circle quarter and enter year.

L-2 TOTAL NUMBER OF LOCAL EMPLOYEES ▶ ▶ ▶ ▶ ▶ ▶

L-3 TOTAL WAGES PAID DURING PERIOD ▶ ▶ ▶ ▶ ▶ ▶ ▶
Total salaries, wages, commissions & all other compensation paid.

L-4 TAX DUE FOR PERIOD* ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶
Line 3 x 1% (0.01) Tax Rate = TAX DUE
*City tax must be withheld from 100% of wages.

PAST DUE PENALTY & INTEREST (If Applicable)

L-5 INTEREST ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶
Line 4 x 1% per month due after due date = INTEREST

L-6 PENALTY: ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶
Line 4 x 5% per month, or fraction of month, not to exceed 25% of tax liability = PENALTY

L-7 TOTAL TAX DUE ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶
Line 4 + Line 5 + Line 6 = TOTAL TAX DUE

Signature _____ Date _____

Print Name _____ Title _____

INFORMATION UPDATES & CORRECTIONS

Business Name or D/B/A	
▶	
Business Description	
▶	
Industry Type (See 2017 NAICS Table for Codes)	**Federal I.D. Number**
▶	▶
Phone	**Fax**
▶	▶
Website	
▶	
Primary Contact (CEO or Officer)	
▶	
E-mail	
▶	
Secondary Contact / Payroll Provider	
▶	
Business Ownership Change (If Applicable)	
Date of Change	**Previous Owner**
▶	▶
Former Trade Name	
▶	

City of Jeffersontown, Kentucky
P.O. Box 991458
Jeffersontown, KY 40269-1458
Attn: Revenue Department