

FORM EQ-1 EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD



CITY OF PIKEVILLE
 DIVISION OF TAX COLLECTION
 243 Main Street
 Pikeville, KY 41501
<http://pikevilleky.gov>
 606-437-5102-Phone
 606-432-6128-Fax

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|---------------|------------------|
| Period Ended: | Due on or Before |
|---------------|------------------|

Name and Address:

Account Number: _____

1. Total Number of Paid Individuals for this Quarter-----

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2. Total Gross Salaries, Wages, Commissions and Other Compensation Paid to All Employees.

3. Less Compensation Paid For Services Outside City of Pikeville.

4. Taxable Earnings (Line 2 Minus Line 3).

5. City Tax Due (Line 4 x 2.0%).

6. Less Credits or Payments.

7. Net Taxes Due On or Before Due Date (Line 5 Minus Line 6).

8. Penalty if Not Paid by Due Date (Line 7 X 5% X No. Of Months Delinquent) **(Minimum \$25.00) (Maximum 25% of tax due)**

9. Interest if Not Paid by Due Date (Line 7 multiplied X 12% per Annum).

10. TOTAL DUE (Line 7 plus Line 8, plus Line 9).

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I hereby certify that this information is true and correct:

SIGNED _____ TITLE _____ DATE: _____

INSTRUCTIONS TO TAXPAYER

**PAYMENT PAYABLE TO:
 CITY OF PIKEVILLE TAX DEPARTMENT
 243 MAIN STREET
 PIKEVILLE, KY 41501**

Our office hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.

If this business has changed addresses, ownership, or tax entity, notify this office immediately.

The employer must submit a reconciliation with a copy of the W2's or 1099 form for the gross wages and taxes filed with the City on or before the last day of February of each year. Please make a copy to retain for your records.

NOTICE THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURNING THIS QUARTER.