



P.O. Box 744 ~ 153 West Main St.
Eddyville, KY 42038

Phone: (270) 388-2226
Fax: (270) 388-5683
Mayor, John L. Choat

Email: Eddyville@vci.net
Website: www.eddyvilleky.org
City Clerk/ Treasurer, Lynn Orange

ANNUAL RETURN OF PAYROLL TAX

Name _____

Address _____

City _____ State _____ Zip _____

Employer ID # or Social Security # _____

For Year Ending _____

Due on or Before _____

Total Number Employees _____

Taxable Employees _____

- 1. Total Salary, Wages, Commissions and other Compensation Paid or Received During Year _____
- 2. Less Non-Taxable Wages (Outside City) _____
- 3. Taxable Adjusted Gross Income for Year _____
- 4. Actual Tax Due for Year (1½ % x Amt on Line 3) _____
- 5. Adjustment from Business License Credit(Annual Filers) _____
- 6. Interest (12% per annum simple interest) _____
- 7. Penalty (5% of Line 4 each delinquent year; min. \$25) _____
- 8. Total Due (Include Interest and Penalty, if Delinquent) _____

If no wages were paid or received during the year, mark "None" and return this form with explanation. If no additional returns will be required, mark "Final" and return. I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct. Please return two copies with payment. Make check payable to:

**City of Eddyville
PO Box 744
Eddyville, KY 42038**

Signed: _____

Title: _____

Date: _____

Contact Phone Number: _____