



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

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

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Website: [www.eddyvilleky.org](http://www.eddyvilleky.org)  
City Clerk/ Treasurer, Lynn Orange

### QUARTERLY RETURN OF PAYROLL TAX

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer ID # or Social Security # \_\_\_\_\_

For Quarter Ending \_\_\_\_\_  
Due on or Before \_\_\_\_\_

Total Number Employees \_\_\_\_\_ Taxable Employees \_\_\_\_\_

1. Total Salary, Wages, Commissions and other Compensation Paid or Received During Quarter \_\_\_\_\_
2. Less Non-Taxable Items (Outside City) \_\_\_\_\_
3. Taxable Adjusted Gross Income for Quarter \_\_\_\_\_
4. Actual Tax Due for Quarter (1½ % x Amt on Line 3) \_\_\_\_\_
5. Interest (12% per annum simple interest) \_\_\_\_\_
6. Penalty (5% of Line 5 each delinquent quarter; min. \$25) \_\_\_\_\_
7. Total Due (Include Interest and Penalty, if Delinquent) \_\_\_\_\_

If no wages were paid or received during the quarter, 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: \_\_\_\_\_