

CITY OF CADIZ
EMPLOYER'S PAYROLL WITHHOLDING
63 MAIN STREET
P.O. BOX 1465
CADIZ, KENTUCKY 42211
270-522-8244 FAX: 270-522-0025

This form includes returns for the _____ quarter of the year 20_____

NOTE – Payroll withholding is due the last day of the month following quarter end.

1. Total quarterly earnings paid all employees inside Cadiz* _____
2. Withholding Due (line 1 multiplied by 1.5%) _____
3. Penalty (**line 2 X 10%) _____
4. Interest (**line 2 X 1% per month) _____
5. TOTAL (Add lines 2, 3, and 4) _____

Total number of employees inside Cadiz this Quarter

Required: Attach a listing of employees and gross wages for this quarter.

MAKE CHECK PAYABLE TO THE CITY OF CADIZ

- * If no wages were paid this quarter, mark "NONE" on line 1, sign in appropriate space below and return this form.
- ** Penalty is assessed if payment is not made to the City of Cadiz by the last day of the month following quarter end.
- *** Interest is due at a rate of 1% per month or part month on any late withholding.

NAME OF COMPANY _____
ADDRESS _____

I hereby certify that the information and statements contained herein or attached are correct.

Signature Telephone Number Date

Title