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	
	Please attach a listing of employees and g	ross wages for this quarter.	
	Payroll withholding is due on the last day of the	e month following quarter end.	
	MAKE CHECKS PAYABLE TO THE	CITY OF CADIZ	
1.	Total earnings paid all employees*		
2.	Wages earned outside City Limits		
3.	Taxable earnings (line 1 minus line 2)		
4.	Withholding Due (line 3 multiplied by 1.9%)		
5.	Penalty (**5% of the total tax due for each calendar mois delinquent) MINIMUM PENALITY \$25.00.	onth that tax	
6.	Interest (***12% annum, 1% per month or part month)		
7.	TOTAL (Add lines 4, 5, and 6)		
	If no wages were paid this quarter, mark "NONE" on li return this form. Penalty is assessed if payment is not made to the C following quarter end. Interest is due at a rate of 1% per month on any unpaid	ity of Cadiz by the last day of the month	
	NAME OF COMPANYADDRESS		
	PHONE		
	I hereby certify that the information and statements co	ontained herein or attached are correct.	

Title

Date

Signature