

**CITY OF EDMONTON
EMPLOYEE/EMPLOYER QUARTERLY RETURN OF LICENSE FEE WITHHELD**

- | | | |
|--|--|----------|
| 1. Total earnings paid all employees (*) | | _____ |
| 2. Less earnings for outside services rendered | | _____ |
| 3. Taxable earnings (Line 1 minus Line 2) | | _____ |
| 4. Actual tax withheld in quarter at 1.5% | | _____ |
| 5. Penalty (1% of Line 4) | | _____ |
| 6. Total (include penalty if due) | | \$ _____ |
- Return to PO Box 374 Edmonton, KY 42129

*Of no wages were paid this quarter, mark "NONE", sign and return with explanation.

FOR QUARTER ENDING: / /
Payment due within one month from the above date
(If receipt desired, enclose self-addressed stamped envelope.)

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

Date _____

Signature

Title-Owner, Partnership, President, Etc.