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.

The City of Edmonton is an equal opportunity provider and employer