

- 1. NUMBER OF TAXABLE EMPLOYEES _____
- 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES(*) _____
- 3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF SHELBYVILLE) _____ \$
- 4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) _____ \$
- 5. ACTUAL TAX DUE IN QUARTER AT 1.5% _____ \$
- 6. INTEREST (1% PER 30 DAYS OR FRACTION) _____ \$
- 7. PENALTY (10%) _____ \$
- 8. TOTAL (INCLUDES INTEREST AND PENALTY IF DUE) _____ \$

 (*If no wages were paid this quarter, mark "NONE" and return this form with an explanation.)
 (NAME AND ADDRESS OF EMPLOYER)

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.

(Signed) _____
 (Official Title) _____
 Owner, Partner, Member, President, Treasurer, Agent Date _____

MO.	DAY	YR.

DUE ON OR BEFORE 30 DAYS AFTER CLOSE OF QUARTER.

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RETURN TO CITY

MAKE CHECK OR MONEY ORDER PAYABLE TO:

CITY OF SHELBYVILLE

MAIL TO: City Clerk/Treasurer
 City of Shelbyville
 P.O. Box 1289
 Shelbyville, KY 40066-3289

NOTIFY CITY CLERK/TREASURER, CITY OF SHELBYVILLE, OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.

If Receipt is Desired, Please Enclose Self-Addressed, Stamped Envelope.