



www.florence-ky.gov

CITY OF FLORENCE, KENTUCKY

EMPLOYERS QUARTERLY RETURN OF LICENSE FEE

(NOTE: This original must be filled out and returned to the City of Florence. Please make a copy for your personal records.)

CALENDAR YEAR

QUARTER ENDING

DUE DATE

Business Name: _____
 Address: _____
 Address: _____
 City/State/Zip: _____

Federal ID/SS #: _____
 Phone #: _____

Check here for address changes.

INSTRUCTIONS: If this is a 1st, 2nd, 3rd or 4th Quarter return, please fill out **section 1** below.
 For the Annual Reconciliation, please fill out **section 2** below.

SECTION 1. QUARTERLY RETURN FOR QUARTERS 1, 2, 3, and 4

Annual wage cap for taxable wages/compensation is equal to Social Security maximum.	1	Gross wages	\$	_____
	2	Less wages earned outside city/over SS MAX	\$	_____
This quarterly return must be remitted to the City of Florence EVEN IF THERE ARE NO WAGES TO REPORT! Non filers will be subject to penalty.	3	Total City of Florence taxable wages	\$	_____
	4	Total tax due (line 3 x 2%)	\$	_____
	5	Penalty (Minimum of \$25 or 5% per month not to exceed 25%)	\$	_____
Florence Finance Department at (859) 647-5413.	6	Interest (1% per month)	\$	_____
Required Number of Employees: _____		TOTAL:	\$	_____
		For Quarter Ending (Circle One):		3/31 6/30 9/30 12/31
		Due Date:		4/30 7/31 10/31 1/31

SECTION 2. ANNUAL RECONCILIATION and W-2/W-3 FORMS DUE 2/28

This annual reconciliation must be remitted to the City of Florence, even if there are NO wages to report. If you have any questions, please contact the City of Florence Finance Department at (859) 647-5413	Payments Remitted (excluding penalties & interest)	1	Gross wages (per W-2's)	\$	_____
	1Q \$ _____	2	Less wages earned outside city/over SS MAX	\$	_____
	2Q \$ _____	3	Total City of Florence taxable wages	\$	_____
	3Q \$ _____	4	Total tax due (line 3 x 2%)	\$	_____
	4Q \$ _____	5	Less total already remitted (Sub-Total from left)	\$	(_____)
	Sub-Total \$ _____	6	Sub-Total of Balance Due :	\$	_____
	Total \$ _____	7	Penalty (Minimum of \$25 or 5% per month not to exceed 25%)	\$	_____
		8	Interest (1% per month)	\$	_____
		Balance Due:	\$	_____	

Please make sure to include W-2 and W-3 forms with this remittance!

Signature: _____
 Date: _____ / _____ / _____

For returns WITH PAYMENT
Please remit to:
 City of Florence, Kentucky
 P.O. Box 1357
 Florence, KY 41022 - 1357

For returns WITHOUT PAYMENT
Please remit to:
 City of Florence
 Attn: Finance Dept
 8100 Ewing Blvd.
 Florence, KY 41042