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# 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: \_\_\_\_\_ Federal ID/SS #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  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 <b>EVEN IF THERE ARE NO WAGES TO REPORT!</b> 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: _____		<b>TOTAL:</b>	\$ _____
		<b>For Quarter Ending (Circle One):</b>	3/31    6/30    9/30    12/31 <b>Due Date:</b> 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 re-mitted to the City of Florence, even if there are NO wages to report.	Payments Remitted (excluding penalties & interest)	1	Gross wages (per W-2's)	\$ _____
		2	Less wages earned outside city/over SS MAX	\$ _____
	1Q \$ _____	3	Total City of Florence taxable wages	\$ _____
	2Q \$ _____	4	Total tax due (line 3 x 2%)	\$ _____
	3Q \$ _____	5	Less total already remitted (Sub-Total from left)	\$ ( _____ )
	4Q \$ _____	6	<b>Sub-Total of Balance Due :</b>	\$ _____
If you have any questions, please contact the City of Florence Finance Department at (859) 647-5413	<b>Sub-Total \$</b> _____	7	Penalty (Minimum of \$25 or 5% per month not to exceed 25%)	\$ _____
		8	Interest (1% per month)	\$ _____
			<b>Balance Due:</b>	\$ _____

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

Signature: _____  Date: _____ / _____ / _____	<b>For returns WITH PAYMENT</b> Please remit to: City of Florence, Kentucky P.O. Box 791646 Baltimore, MD 21279-1646	<b>For returns WITHOUT PAYMENT</b> Please remit to: City of Florence Attn: Finance Dept 8100 Ewing Blvd. Florence, KY 41042
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I declare, under the penalties of perjury, that this return has been examined, and to the best of my knowledge, is a true, correct, and complete return.C