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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 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 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	Sub-Total of Balance Due :	\$ _____
If you have any questions, please contact the City of Florence Finance Department at (859) 647-5413	Sub-Total 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 791646 Baltimore, MD 21279-1646	For returns WITHOUT PAYMENT 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