



EMPLOYER'S QUARTERLY RETURN OF PAYROLL TAX WITHHELD

Number of Taxable Employees _____

1. Total salaries, wages, commissions & other compensation paid (*)	
2. Less compensation paid for services outside of Auburn	
3. Taxable Earnings (line 1 minus line 2)	
4. Actual Tax Due at 1.5%	
5. Penalty- 5% per month/ \$25 minimum	
6. Total (include penalty if due)	

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

(Signed) _____

(Official Title) _____ (Date) _____

For Period Ending

Month	Day	Year
March	31	20__

Return Due on or Before

Month	Day	Year
April	30	20__

*If no wages were paid this quarter, mark "NONE", sign and return form

Business Name:
Address:
City, State Zip:

Make checks payable to: City of Auburn
Mail payment and form to: PO Box 465, Auburn, KY 42206

NOTIFY FINANCE DIRECTOR, CITY OF AUBURN, OF ANY CHANGE IN OWNERSHIP, NAME, OR ADDRESS SHOWN ABOVE



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(Signed) _____

(Official Title) _____ (Date) _____

For Period Ending

Month	Day	Year
June	30	20__

Return Due on or Before

Month	Day	Year
July	31	20__

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Address:
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(Signed) _____

(Official Title) _____ (Date) _____

For Period Ending

Month	Day	Year
September	30	20__

Return Due on or Before

Month	Day	Year
October	31	20__

*If no wages were paid this quarter, mark "NONE", sign and return form

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Address:
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(Signed) _____

(Official Title) _____ (Date) _____

For Period Ending

Month	Day	Year
December	31	20__

Return Due on or Before

Month	Day	Year
January	31	20__

*If no wages were paid this quarter, mark "NONE", sign and return form

Business Name:

Address:

City, State Zip:

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