

EMPLOYER'S QUARTERLY RETURN OF PAYROLL TAX WITHHELD

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

Business Name: Address: City, State Zip:

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

any schedule or exhibits a	attached are true and co	orrect.	
(Signed)			
(Official Title) (Date)			
For Period Ending			
Month	Day	Year	
March	31	20	
Return Due on or Before			
Month	Day	Year	
April	30	20	

I hereby certify that the information and statements contained herein and

Make checks payable to: City of Auburn

Mail payment and form to: PO Box 465, Auburn, KY 42206



EMPLOYER'S QUARTERLY RETURN OF PAYROLL TAX WITHHELD

Number of Taxable Employees

Total salaries, wages, commissions & other compensation paid (*)	
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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)	

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

Business Name: Address: City, State Zip:

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

(Signed) (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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5. Penalty- 5% per month/ \$25 minimum	
6. Total (include penalty if due)	

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

Business Name: Address: City, State Zip: I hereby certify that the information and statements contained herein and any schedule or exhibits attached are true and correct.

(Signed) ______ (Date) ______

For Period Ending

Month	Day	Year	
September	30	20	
Return Due on or Before			
Month	Day	Year	
October	31	20	

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EMPLOYER'S QUARTERLY RETURN OF PAYROLL TAX WITHHELD

Number of Taxable Employees _____

Total salaries, wages, commissions & other compensation paid (*)	I hereby certify that the information and statements contained herein and any schedule or exhibits attached are true and correct.			
Less compensation paid for services outside of Auburn	(Signed)			
3. Taxable Earnings (line 1 minus line 2)				
4. Actual Tax Due at 1.5%	(Officia	al Title)	(D	ate)
5. Penalty- 5% per month/ \$25 minimum	For Period Ending			
6. Total (include penalty if due)		Month	Day	Year
If no wages were naid this quarter, mark "NONE" sign and return form	_	December	31	20

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

Business Name: Address: City, State Zip:

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

Return Due on or Before			
Month	Day	Year	
January	31	20	

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