



CITY OF SHEPHERDVILLE TAX ADMINISTRATOR
Employer's Return of License Fee Withheld

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



1. Total salaries, wages, commissions and other compensation paid to all employees for services within the city of Shepherdsville. \$ _____
2. Tax Due this period at 1.00% \$ _____
3. Adjustment for preceding quarters (past due balances/underpayments) \$ _____
4. Penalty for late filing 10.00% of amount due or \$10.00, whichever one is greater. \$ _____
5. Interest (1/2 of 1% per month after due date) \$ _____

Licensee Phone Number Account Number

6. Total Taxes Due including Interest and Penalty \$ _____

I hereby certify that the information, schedules, statements and exhibits filed herewith, are true and correct.

Signed _____ Date _____

Official Title _____

FOR PERIOD ENDING		
Month	Day	Year

**RETURN DUE ON OR BEFORE
 THOSE FILING QUARTERLY**
 April 30, July 31, October 31, January 31

Federal ID No.

Make Payments to:
 CITY OF SHEPHERDVILLE

Mail to:
 CITY OF SHEPHERDVILLE
 P.O. BOX 400
 SHEPHERDVILLE, KY 40165

Phone: (502) 543-2923
 Fax: (502) 543-6201
 E-Mail: gmattingly@sheppcity.com

Indicate any name or address changes above.

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS