



CITY OF SHEPHERDSTVILLE 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 **1.5%** \$ _____
New Rate Effective July 1, 2011

3. Adjustment for preceding quarters (past due balances/underpayments) \$ _____

4. Penalty for late filing **10% of amount due or \$10.00, whichever one is greater.** \$ _____

5. Interest (1/2 of 1.5% per month after due date) \$ _____

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 _____

Licensee _____ Phone Number _____ Account Number _____

FOR PERIOD ENDING		
Month	Day	Year

RETURN DUE ON OR BEFORE
THOSE FILING QUARTERLY
 APRIL 30, JULY 31, OCTOBER 31, JANUARY 31

Make Payments to:
 CITY OF SHEPHERDSTVILLE
Mail to:
 CITY OF SHEPHERDSTVILLE
 P.O. BOX 400
 SHEPHERDSTVILLE, KY 40165

Phone **(502) 543-2923**
 Fax **(502) 543-6201**
 E-mail **crice@shepcity.com**

Indicate any name or address changes above.

Federal ID No. _____

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

CSPT-1



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