

CITY OF CORBIN (KNOX COUNTY), KENTUCKY EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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

Signed _____

Title _____ Date _____

____ No activity (This form must be returned even if there was no activity.)
 ____ Final return (Indicates all taxes have been paid and you will not have any activity in the future.)

____ Address change (Please note below)

Account No. _____

Fed ID or SS No. _____

- | | |
|---|----------|
| 1. Salaries, wages, commissions & other Compensation. | \$ _____ |
| 2. Less wages earned outside Corbin City limits (Knox County) | \$ _____ |
| 3. Taxable earnings (Line 1 minus Line 2) | \$ _____ |
| 4. Total Tax (Line 3 x .01) | \$ _____ |
| 5. Add (+) debt or subtract (-) credit | \$ _____ |
| 6. Penalty - 5% monthly / 25% maximum/
\$25.00 minimum | \$ _____ |
| 7. Interest - 1% per month | \$ _____ |
| 8. Total Due | \$ _____ |

FOR QUARTER ENDING
MONTH /DAY/YEAR

**Make checks payable
 and mail to:
 City of Corbin
 PO Box 1343
 Corbin KY 40702**

DUE ON OR BEFORE
MONTH/DAY/YEAR