

CITY OF HARTFORD EMPLOYER'S QUARTERLY RETURN WITHHOLDING TAX

P.O. Box 64
 Hartford, KY 42347
 (270) 298-3612 Ext. 3
OTA@Hartfordky.org

Business Name: _____
 Mailing Address: _____
 City _____ State _____ Zip _____

ACCOUNT NUMBER: _____

Period Beginning:	_____
Period Ending:	_____
Return Due:	_____

Business Location: _____
 Telephone: _____
 Mobile Number: _____
 # of Employees _____

MAKE CHECKS PAYABLE TO:
 City of Hartford, Occupational Tax Administrator
 P.O. Box 64
 Hartford, KY 42347

- | | |
|---|----------|
| 1. Total Gross Wages, Salaries and Other Compensation Paid | \$ _____ |
| 2. Less Compensation Paid for Services Outside of
City of Hartford | \$ _____ |
| 3. Taxable Earnings (line 1 minus line 2) | \$ _____ |
| 4. Withholding Tax Due (line 3 X 1%) | \$ _____ |
| 5. Penalty 5% per month, \$25 minimum | \$ _____ |
| 6. Interest 12% per annum simple interest | \$ _____ |
| 7. TOTAL (Add Lines 4, 5, 6) | \$ _____ |

**Penalty and interest will be assessed if payment is not made on or before the due date.
 **Notify this office if there is a change of tax entity, name or address.*

*****This form must be returned even if no wages were paid during the period.*****

I hereby certify that the information is true and correct: Must be signed and dated.

Signature: _____ Title: _____ Date: _____

Printed Name: _____

FOR INTERNAL USE ONLY

Date: _____ Check Number: _____ Amount: _____