

**CITY OF GREENUP**

P.O. Box 1030

Greenup, KY 41144

Phone No. (606) 473-7331 E-Mail address: CityofGreenup@Windstream.net



**CITY OF GREENUP  
OCCUPATIONAL LICENSE FEE RETURN**

Business / Organization Name: \_\_\_\_\_

Physical Location (street address): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Numbers (include area code):

Business	_____	Fax	_____
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PERIOD BEGINNING:	_____
PERIOD ENDING:	_____
DUE DATE:	_____
ACCOUNT NUMBER:	_____

**MAKE CHECKS PAYABLE TO: City of Greenup P.O. Box 1030, Greenup, KY 41144**

1.	Number of subject employees		
2.	Gross Salary, Wages and Other Compensation paid to employees		\$
3.	Less Salary, Wages and Other Compensation not subject to License Fee	-	\$
4.	Net Salary, Wages and Other Compensation subject to License Fee ( <i>Line 2 minus Line 3</i> )	=	\$
5.	Multiply Line 4 by the Occupational License Fee (1.0%)	=	\$
6.	IF FILED AFTER DUE DATE: Add 5% penalty per month (\$25 minimum) and 12% interest per annum	+	\$
7.	<b>TOTAL AMOUNT DUE</b>	=	\$

*I certify that the information contained herein and any schedules or exhibits attached are correct.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CITY USE ONLY**

Reconciled By: \_\_\_\_\_ Date: \_\_\_\_\_

**EACH EMPLOYER OF ONE OR MORE PERSONS WORKING IN THE CITY OF GREENUP, KENTUCKY MUST WITHHOLD THE LICENSE FEE OF 1.0% FROM ANY SALARY, WAGE OR OTHER COMPENSATION THAT IS SUBJECT TO THE LICENSE FEE.**

### **REPORTING SCHEDULE**

**MONTHLY REPORTING:** Must be made by employers on license fees withheld from employees when the total withheld amount is \$1,000 or more in any of the preceding four quarters.

**QUARTERLY REPORTING:** Must be made by employers on license fees withheld from employees when the total withheld amount is less than \$1,000 per quarter for the preceding four quarters.

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**PENALTIES and INTEREST:** All monies withheld or required to be withheld by employers and remaining unpaid after they become due shall bear a penalty of 5% per month (\$25 minimum) and 12% interest per annum. Returns must be postmarked by the due date for penalties and interest not to apply. If you have no wages for the quarter, you must still file a return to avoid the \$25 minimum penalty. Clearly mark return that no wages were applicable to the tax in the reporting period.

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**PAYMENTS:** Checks need to be made payable to the City of Greenup and mailed to P.O. Box 1030 Greenup, KY 41144 with applicable returns.

**QUESTIONS:** If you have any questions, please e-mail us at [CITYOFGREENUP@WINDSTREAM.NET](mailto:CITYOFGREENUP@WINDSTREAM.NET) or call us at 606-473-7331.

**CORRESPONDENCE:** All correspondence must be mailed to City of Greenup, P.O. Box 1030, Greenup, KY 41144 or e-mailed to us at [CITYOFGREENUP@WINDSTREAM.NET](mailto:CITYOFGREENUP@WINDSTREAM.NET) .

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**ADJUSTMENTS:** If excess license fee is withheld and paid in one quarter, an adjustment may be made in the following quarter. If excess license fee is withheld, the employer shall make refund to the employee. If insufficient license fee is withheld in one pay period, additional license fee shall be withheld in the subsequent pay period. If you need to adjust this quarter's remittance because of a prior quarter's error, write the word "Adjusted" above line 5 on the face of this form and attach information to clearly explain such adjustment.

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**CITY OF GREENUP**

P.O. Box 1030

Greenup, KY 41144

Phone No. (606) 473-7331 E-Mail address: CityofGreenup@Windstream.net



**CITY OF GREENUP  
OCCUPATIONAL LICENSE FEE REFUND**

Business / Individual Name: \_\_\_\_\_

Physical Location (street address): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Numbers (include area code):

Business

Fax

PERIOD BEGINNING:	_____
PERIOD ENDING:	_____

**SEND REFUND REQUESTS TO: City of Greenup P.O. Box 1030, Greenup, KY 41144**

1.	Gross Wages per W-2	\$
2.	Gross Salary, Wages and Other Compensation not subject to License Fee (Out of Town Wages) Attach Documentation to substantiate	\$
3.	Salary, Wages and Other Compensation subject to License Fee (Box 1- Box 2 = Box 3)	- \$
4.	Multiply Line 3 by the Occupational License Fee (1.0%)	= \$
5.	Amount of License Fee Paid per W-2 form	= \$
6.	<b>TOTAL REFUND DUE (LINE 5 –LINE 4)</b>	= \$

*I certify that the information contained herein and any schedules or exhibits attached are correct. Refund requests must be accompanied by copy of W-2 form and information substantiating the time spent out of town.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CITY USE ONLY**

Reconciled By: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF GREENUP**  
**Reconciliation of License Fee Withheld**  
**During the Year Ended \_\_\_\_\_**

Account Number \_\_\_\_\_

To be filed by February 28<sup>th</sup> following year end or with the final quarterly return of the closing of any business, either by sale or dissolution.

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Instructions:**  
Enter under Total Payroll the quarterly totals of all compensation paid to all employees. Deduct any payments for services performed outside the city and enter balance in Subject Payroll. This includes all compensation including vacation and holiday pay, tips and gratuities.  
**A detailed listing or applicable W-2s must be attached.**

**RECONCILIATION**

	Total Payroll	Subject Payroll	License Fee	(Finance Use Only)
1. First quarter ended March 31.....	\$ _____	_____ X 1% = _____	\$ _____	_____
2. Second quarter ended June 30.....	\$ _____	_____ X 1% = _____	\$ _____	_____
3. Third quarter ended September 30.....	\$ _____	_____ X 1% = _____	\$ _____	_____
4. Fourth quarter ended December 31.....	\$ _____	_____ X 1% = _____	\$ _____	_____
5. Total for all quarters.....	\$ _____	_____	\$ _____	_____
6. Actual withholdings remitted.....	_____	_____	\$ _____	_____
7. Difference between lines 5 and 6 (if any, check applicable box below).....	_____	_____	\$ _____	_____

- Minor difference attributable to fractional variations only (no adjustments due
- Difference indicates insufficient total remittance for the year. Check for balance is attached.
- Difference indicates overpayment not attributable to fractional variations. Explanation and claim for refund is attached.

**\*\*Monthly filers, please combine qualifying months for quarterly totals (i.e. January, February, March totals for Line 1 first quarter total).**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Make Check Payable to:**  
CITY OF GREENUP  
**Mail To:**  
City of Greenup  
Occupational Division  
1005 Walnut Street  
Greenup, KY 41144