



Commonwealth of Kentucky
 City of Oak Grove
 P.O. Box 250
 Oak Grove, Kentucky 42262-0250
 Phone: 270-439-4646 Fax: 270-439-1201



PAYROLL MONTHLY TAX RETURN
 Ordinance No. 2008-05

Business name: _____

FOR MONTH ENDING:

PAYMENT IS DUE BY THE 30TH OF THE FOLLOWING MONTH

- | | |
|--|----------|
| 1) Total Earnings Paid to ALL Employees (*GROSS) | \$ _____ |
| 2) Wages Earned outside of the Oak Grove City Limits | \$ _____ |
| 3) Taxable Earning (Subtract Line 2 from Line 1) | \$ _____ |
| 4) TAX DUE (Line 3 multiplied by 1.5%) | \$ _____ |
| 5) PENALTY (**5% of line 4) | \$ _____ |
| 6) INTEREST (**1% per month (or 12% per year)) | \$ _____ |
| 7) TOTAL PAYMENT DUE (Add Lines 4,5 & 6) | \$ _____ |

PLEASE MAIL YOUR PAYMENT WITH THIS COMPLETED FORM TO THE ADDRESS ABOVE

If no wages were paid, write "NONE" on line one (1), sign, date and return by the due date
 *GROSS wages includes contributions to HSA and retirement accounts
 **Penalty is assessed if payment is not made to the City of Oak Grove by the due date
 ***Interest is due at the rate of 1% per month or 12% per year on any unpaid payroll tax

I swear (or affirm) that the information provided on this form is true and correct to the best of my knowledge

Signature: _____ Printed Name: _____

Title: _____ Email Address: _____

Date: _____ Phone #: _____ Fax #: _____