



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 QUARTERLY TAX RETURN**  
 Ordinance No. 2008-05

Business name: \_\_\_\_\_

**FOR QUARTER:**      (Jan-Mar)      (Apr-Jun)      (Jul-Sept)      (Oct-Dec)  
 1<sup>ST</sup> QTR       2<sup>ND</sup> QTR       3<sup>RD</sup> QTR       4<sup>TH</sup> QTR

**PAYMENT IS DUE BY THE 30<sup>TH</sup> 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 #: \_\_\_\_\_