



City of Nicholasville * P.O. Box 590 * 601 North Main St * Nicholasville, KY 40340-0590
Phone: (859) 885-7618 * Fax: (859) 885-9476 * www.nicholasville.org

QUARTERLY OCCUPATIONAL LICENSE FEE WITHHOLDING RETURN

Account #
Business Name and Address:

Quarter ending:
Due on or before:

Federal ID No. _____

- 1. Total Gross Wages and Other Compensation Paid to ALL Employees During the Quarter \$ _____
- 2. Less Compensation Paid for Services Performed Outside of Nicholasville \$ _____
- 3. Taxable Compensation (line 1 minus line 2) \$ _____
- 4. Current License Fee – 1.5% (line 3 X .015) \$ _____
- 5. Less Credit Carried Forward from Previous Period \$ _____
- 6. **LICENSE FEE DUE** \$ _____
- 7. **Penalty for Failure to File a Return or Pay Fee On or Before Due Date:** 5% of the license fee due for each calendar month or fraction thereof, not to exceed 25% of the license fee due; however, this penalty shall not be less than \$25.00. \$ _____
- 8. **Interest:** 12% per annum simple interest on the license fee due beginning from the time the fee was due. A fraction of a month counts as an entire month. \$ _____
- 9. **TOTAL PAYMENT DUE** (Add lines 6, 7, and 8) \$ _____
Make check payable to: **City of Nicholasville** and mail to the address above.

Complete if applicable: Permanently ceased all business activity on _____.

I hereby certify that this information is true and correct to the best of my knowledge:

Signature: _____ Date: _____ Title: _____

Print Name: _____ Phone #: __ (____) _____

* If you would like to pay with credit card, please call the tax office at the above phone number after form is emailed to TaxOffice@Nicholasville.org