



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