

City of Elkton
PO Box 578 · 71 Public Square
Elkton, Kentucky 42220
www.elktonky.com
Ph: 270-265-9877 · Fx: 270-265-5816 · E-mail: cityhall@elktonky.com

Employee/Individual Return of Business License Fee Withheld

Business Name _____

Mailing Address _____

Contact Name _____ Title _____ Phone Number _____

For Month/Quarter Ending _____ **All returns due by 15th of following month.**

This return must be filed whether you had employees or not during this period.

1. Total Salaries, Wages, Commissions, Tips and other Compensation Paid..... _____
2. Less Earnings for Services Rendered Outside of Elkton..... _____
3. Taxable Earnings (Line 1 minus Line 2)..... _____
4. City Tax Due (Line 3 x 1.5%)..... _____
5. Less Credits or Overpayments..... _____
6. Net Taxes Due (Line 4 minus Line 5)..... _____
7. Penalty (5% of Line 6 per month with maximum of 25%)..... _____
8. Interest (8% per annum or .67% per month of Line 6)..... _____
9. Total Tax, Penalty and Interest..... _____

I hereby certify that this information and statements contained herein or attached hereto are true and correct.

Name

Title

Date