

**CITY OF HOPKINSVILLE
INDIVIDUAL OCCUPATIONAL LICENSE TAX
P. O. BOX 707, 715 SOUTH VIRGINIA STREET
HOPKINSVILLE, KY 42241**

For Year ending December 31, 2015

1. Total Gross Wage (including pre-tax deductions)\$ _____
2. Gross wages earned outside Hopkinsville \$ _____
3. Total wages Subject to Occupational License Tax (Line 1 –Line 2).....\$ _____
4. Tax due (Line 3 multiplied times 1.95%)\$ _____
5. *Penalty (5% of the total tax due for **each** calendar month that tax is delinquent).....\$ _____
Minimum penalty \$25.00.
6. **Interest -12% per annum, 1% per month \$ _____
7. TOTAL OCCUPATIONAL LICENSE FEE DUE (Payroll Withholding) \$ _____

A COPY OF THE FEDERAL FORM W-2 MUST BE SUMMITTED BEFORE FEBRUARY 28, 2016

* Include penalty if payment is not remitted to the City of Hopkinsville February 28, 2016.

** Interest is applicable if payment is made after February 28, 2016.

NAME _____
SOCIAL SEC NUMBER _____
ADDRESS _____
PHONE NUMBER _____

I hereby certify that the information and statements contained herein or attached are correct.

Signature

Date