

**CITY OF HOPKINSVILLE
EMPLOYER'S PAYROLL WITHHOLDING**

715 South Virginia Street P. O. Box 707
Hopkinsville, Kentucky 42241-0707
270-890-0222 270-890-0231 270-890-0221

FOR THE MONTH / QUARTER OF _____ 2020

1. Total earnings paid all employees ***.....\$ _____
(Gross wages – no pre-tax deductions may be taken)
2. Wages earned outside City limits.....\$ _____
3. Taxable earnings (line 1 minus line 2)..... \$ _____
4. Withholding Due (line 3 multiplied by 1.95%).....\$ _____
5. Penalty (*5% per calendar month of line 4-**minimum \$25.00**) \$ _____
6. Interest (** 12% per year or 1% per calendar month).....\$ _____
7. TOTAL (**Add lines 4, 5, and 6)..... \$ _____
8. Total Number of employees for pay period that included the 12th.....
(For Quarterly Filers, indicate number of employees for 3rd month of Quarter)
9. Number of Pay Periods included in this Report.....
10. Pay Cycle: ___ Weekly ___ Bi-weekly ___ Semi-Monthly ___ Monthly ___ Other

MAKE CHECK PAYABLE TO: CITY OF HOPKINSVILLE

*Penalty assessed if payment is not made to the City of Hopkinsville within 25 days from the end of the month or quarter. Penalty is due at the rate of 5% of the tax due for each calendar month or fraction thereof. Total penalty shall not exceed 25% of tax due unless the minimum penalty of \$25.00 applies.
**Interest is due at the rate of 1% per calendar month or fraction thereof on any unpaid withholding.
***If no wages were paid this month/quarter, mark "NONE" and return to the City.

NAME OF COMPANY _____

ADDRESS _____

___ Check here if this
is the final report
for business

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

Signature Telephone Number Date

Printed Name

Employers who have an average monthly liability of \$100.00 or less may file quarterly returns. All others must file MONTHLY. If quarterly withholding exceeds \$300.00, Employers must revert to monthly payment beginning with the next monthly filing and remain on monthly payments for subsequent periods.