

**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 \_\_\_\_\_ 2021**

- 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)..... \$ \_\_\_\_\_

**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.**