

**HAL McCOY TIF**

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

Ordinance 16-2007 – Effective October 1, 2007

101 North Main P. O. Box 707  
Hopkinsville, Kentucky 42241-0707  
270-890-0222 270-890-0231

**New 2 % rate is effective for payroll paid on or after October 1, 2007**

**NOTE – Payroll withholding is due within 25 days of the last day of the month / quarter**

FOR THE MONTH / QUARTER OF \_\_\_\_\_

- 1. Total earnings paid to employees working on TIF Project.....\$ \_\_\_\_\_
- 2. Withholding Due (line 1 multiplied by 1.95%).....\$ \_\_\_\_\_
- 3. Penalty ( \* 5% per calendar month of line 24 –minimum \$25.00)\$ \_\_\_\_\_
- 4. Interest (\*\* 12% per year or 1% per calendar month).....\$ \_\_\_\_\_
- 5. TOTAL (\*\*Add lines 2,3, and 4)..... \$ \_\_\_\_\_

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 **TIF** report  
for your business.

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

\_\_\_\_\_  
Signature Telephone Number Date

**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.**