



COMMONWEALTH OF KENTUCKY  
 CITY OF OAK GROVE  
 P.O. BOX 250  
 OAK GROVE, KENTUCKY 42262-0250  
 PH (270) 439-4646 FAX: (270) 439-1201



**PAYROLL QUARTERLY TAX RETURN**  
**Ordinance No. 2008-05**

**FOR QUARTER ENDING:**

1<sup>ST</sup> QTR     2<sup>ND</sup> QTR     3<sup>RD</sup> QTR     4<sup>TH</sup> QTR

PAYMENT DUE BY THE 30<sup>TH</sup> DAY OF THE FOLLOWING MONTH.

- 1. TOTAL earnings paid to all employees (\*GROSS) \$ \_\_\_\_\_
- 2. Wages earned outside OAK GROVE city limits \$ \_\_\_\_\_
- 3. Taxable earnings (Line 1 minus Line 2) \$ \_\_\_\_\_
- 4. TAX DUE (Line 3 multiplied by 1.5%) \$ \_\_\_\_\_
- 5. PENALTY (\*\*10% of line 4, \$1.00 minimum) \$ \_\_\_\_\_
- 6. INTEREST (\*\*12% per year, or 1% per month) \$ \_\_\_\_\_
- 7. TOTAL PAYMENT DUE (ADD LINES 4, 5 & 6) \$ \_\_\_\_\_

**MAIL YOUR PAYMENT WITH THIS COMPLETED FORM TO THE ADDRESS ABOVE**

\* If no wages are paid for this month, write "NONE" on line 1, sign, and date and return this form by the due date.

\*\* Penalty is assessed if payment is not made to the City of Oak Grove by the due date.

\*\*\* Interest is due at the rate of 12% per year, or 1% per month on any unpaid payroll tax.

**I swear (or affirm) that the information provided on this form is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_