



## City of Catlettsburg

2611 Louisa Street  
Catlettsburg, KY 41129

Phone: 606-739-4533

Fax: 606-739-5754

E-mail: [info@catlettsburgky.gov](mailto:info@catlettsburgky.gov)

Website: [www.catlettsburgky.gov](http://www.catlettsburgky.gov)



Faith Day, Mayor  
Kay Cole, City Clerk  
Michele Hughes, City Treasurer

Cameron Logan, Chief of Police  
John Carroll, Fire Chief  
Martin Wheeler & Vincent, PSC

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### Our mailing address has changed to:

2611 Louisa St.  
Catlettsburg, Ky. 41129

We are no longer mailing out any forms since we now have them on our website to print out at: [www.catlettsburgky.gov](http://www.catlettsburgky.gov) under documents & forms and then select end of year forms. You may also contact us at the office, and we can either email or fax them to you as well.

- **ALL** forms must be filled out and returned to the City of Catlettsburg by the perspective dates due.
- **Employee Quarterly Returns-** If no employees to report, put -0- and fax forms to 606-739-5754. You may mail or email them to the address above.
- **Reconciliation of License Fee Withheld-** If you have any employees, fill out the form and include a copy of **all current employee W-2 Forms**. If you have no employees, mark -0- and **return by January 31<sup>st</sup>**.
- **Net Profit License Returns-** **All businesses** must fill out and return a Net Profit Form, also attach a copy of the federal return as stated on the form and **return by April 15<sup>th</sup>**.



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Acct. Name & Number

## CITY OF CATLETTSBURG EMPLOYEE QUARTERLY RETURN OF LICENSE FEE WITHHELD Under Ordinance 06-2009 SERIES (SEE INSTRUCTIONS AT BOTTOM OF FORM)

1. NUMBER OF TAXABLE EMPLOYEES \_\_\_\_\_
2. TOTAL SALARIES, WAGES, COMMISSION & OTHER COMPENSATION PAID TO ALL EMPLOYEES \$ \_\_\_\_\_
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF CATLETTSBURG) \$ \_\_\_\_\_
4. TAXABLE EARNINGS (ITEMS 2 MINUS ITEM 3) \$ \_\_\_\_\_
5. ACTUAL TAX WITHHELD IN QUARTER AT 1.5% (MULTIPLY LINE 4 BY THE 1.5%) \$ \_\_\_\_\_
6. IF FILED AFTER DUE DATE: ADD 5% PENALTY PER MONTH (\$25 MINIMUM/MAXIMUM 25%) AND 12% INTEREST PER ANNUM \$ \_\_\_\_\_
7. TOTAL (INCLUDES INTEREST AND PENALTY IF DUE) \$ \_\_\_\_\_  
\*If no wages were paid in this quarter, mark "NONE" and Return this form explanation\*

I hereby certify that the information statements contained herein and any schedules or exhibits attached are true and correct.

SIGNED \_\_\_\_\_

OFFICIAL TITLE DATE  
Owner, Partner, Member, President, Treasurer, Agent.

MAKE CHECKS PAYABLE TO THE:  
**TREASURER, CITY OF CATLETTSBURG**

MAIL TO:  
CITY OF CATLETTSBURG  
2611 LOUISA ST.  
CATLETTSBURG, KY. 41129-0533

\*If Receipt is desired, Return Employer's Copy of This Form and Enclose Self Addressed, Stamped Envelope.\*

	MONTH	DAY	YEAR
FOR QUARTER ENDING			
DUE ON OR BEFORE			

### INSTRUCTIONS FOR PREPARING AND FILING FORM

Each employee (except those specifically exempt by ordinance) of one or more persons must withhold the license fee of 1.5% from gross salaries, wages, and commissions paid.

All employees are subject to the license fee except domestics, including employees of organizations in a business that is not subject to the license fee.

#### Quarterly Return

A quarterly return for all license fee withheld must be filed and the license fee paid by the last day of the month following the closing of the calendar quarter. An employee shall be liable to a fine and imprisonment as provided by the ordinance for failure to file a return and or to pay the license fee or for filing a fraudulent return. Interest and penalties are also provided for late filing.

**Item 1:** Enter total number of employees after eliminating those who are non-taxable.

**Item 2:** Enter total salaries, wages, commissions, incentive payments, bonuses and other compensation paid to all employees during quarter for which return is prepared. If no salaries,

wages or other compensation was paid during this quarter, so indicate and file form with explanation why.

**Item 3:** Enter that portion of the compensation paid employees for services rendered outside the City of Catlettsburg.

**Item 4:** This represents the difference between subtracting items 2 from 3.

**Item 5:** This is the actual license fee withheld by multiplying it by the rate of 1.5%.



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**DUE DATE: JANUARY 31<sup>ST</sup>**

## RECONCILIATION OF CATLETTSBURG LICENSE FEE WITHHELD EMPLOYER ANNUAL RECONCILIATION FORM

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### TOTAL WAGES

### TOTAL WITHHELD

FIRST QUARTER: \_\_\_\_\_

\_\_\_\_\_

SECOND QUARTER: \_\_\_\_\_

\_\_\_\_\_

THIRD QUARTER: \_\_\_\_\_

\_\_\_\_\_

FOURTH QUARTER: \_\_\_\_\_

\_\_\_\_\_

TOTALS: \_\_\_\_\_

\_\_\_\_\_

### TOTAL WAGES FOR YEAR

### TOTAL TAX REMITTED FOR THE YEAR

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**City of Catlettsburg**  
 Department of Finance  
 Occupational License / Net Profit Division  
**2611 LOUISA ST.**  
**CATLETTSBURG, KY. 41129**  
 Phone: 606-739-4533  
 Fax: 606-739-5754



**NET PROFIT LICENSE RETURN**

For Year Ended
Due Date
15th day of the fourth month following close of the year.
Account Number
<b>Type of Business</b>
Corporation
Partnership
Sole Proprietor
Other _____
Federal ID or Social Security No.

Business Name/Individual			
Address			
City	State	Zip	Phone
Trade Name, If Any		Nature of Business	

1.	Net Profit/Income per attached Federal Return	
2.	Add: Items Not Deductible (Line 4, Schedule A on Back)	
3.	Adjusted Net Profit (Line 1 plus Line 2)	
4.	Catlettsburg Percentage (From Schedule B on Back)	
5.	Net Profit Subject to License Fee ( Line 3 multiplied by Line 4)	
6.	License Fee Due (1.5% of Line 5)	
7.	Annual Business License Fee	
8.	Enter the Larger of Line 6 or Line 7	
9.	Total estimated Payments (including annual business license fee) and Prior Credits	
10.	Refund of Credit. If Line 9 is greater than Line 8, Enter the difference (Circle Refund or Credit)	
11.	Balance Due. If Line 8 is greater than Line 9, Enter the difference.	
12.	Penalty ( 5% per month if filed after due date—Minimum \$25)	
13.	Interest (12% per annum until paid)	
14.	Total Amount Due ( Add Lines 11, 12 and 13)	

ATTACH A COPY OF THE COMPLETE FEDERAL RETURN OR SCHEDULE FED. SCH. C OR E. (1040) Fed. 1041, 1065 PR 1120, 1120S.

Please note: Federal return should include Cost of Goods Schedule and / or Other Schedules

INCLUDE LIST OF ALL SUB-CONTRACT PAYMENTS MADE TO CORPORATIONS APPLICABLE TO CATLETTSBURG, KY

1099's \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (Applicable To Catlettsburg, Ky.)

I hereby certify that the statements made herein, and in any supporting documents are true, and complete to the best of my knowledge.

Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Reconciled By: \_\_\_\_\_  
 Date: \_\_\_\_\_

**SCHEDULE A**

**ITEMS NOT DEDUCTIBLE**

1.	Taxes based on income	
2.	City of Catlettsburg license fees	
3.	Net operating-loss deduction	
4.	Total not deductible	

**SCHEDULE B**

Computation of percentage of net profits subject to license fee.

ALLOCATION FACTOR	(A) CATLETTSBURG FACTOR	(B) TOTAL EVERYWHERE	(C) CATLETTSBURG PERCENT
1. Gross Sales or Receipts			
2. Payroll Factor			
Total			
Divide by 2 Factors			