

EMPLOYEE/EMPLOYER QUARTERLY RETURN OF LICENSE FEE WITHHELD

For Quarter Ending _____

Due on or before _____

Number of Employee(s) _____

1.Total earnings paid all employees (*)	\$ _____
2.Less earnings for outside services rendered	-\$ _____
3.Taxable earnings (Line 1 minus Line 2)	\$ _____
4.Actual tax withheld in quarter at 1.75%	\$ _____
5.Interest @ .5% per month	+ \$ _____
6.Penalty (1% per month) not to exceed 10%	+ \$ _____
7.Total (including interest and penalty if delinquent)	\$ _____

*If no wages were paid this quarter, mark NONE and return this form with explanation.

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

(NAME) _____

(SIGNED) _____

(OFFICIAL TITLE) _____ DATE: _____

This return must be filed before the due date as show below.

Make Checks or money order payable to:

CITY OF HICKMAN

Mail to:

CITY OF HICKMAN

1812 So 7th Street

Hickman, KY 42050

Notify the City Clerk, City of
Hickman, of change in ownership
or name and address shown above

www.hickman.cityof.org

Please return this form with your payment

Account #

(Name of Business/Address)

CITY OF HICKMAN SUMMARY AND TRANSMITTAL OF NON-EMPLOYEE EARNINGS	_____ YEAR	FORM 1099ST
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100% City of Hickman

MAIL TO: Occupational Tax Adm City of Hickman 1812 So 7 th St Hickman, KY 42050 (270) 236-2535 (270) 236-2537 Website:www.hickmancityof.org	<b style="color: red;">Client Information: <b style="color: red;">Name/Address: _____ _____ _____
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INSTRUCTIONS:

Licensee making payments of \$600 or more to recipients other than employees (i.e. non-employee compensation payments) for services performed within the City of Hickman is responsible to maintain records of those payments. The licensee making payment will be responsible for completing Form 1099-ST and submitting it to the Occupational Tax Administrator by February 28th of the year following the close of the calendar year in which the non-employee compensation was paid. Businesses that make “non-employee compensation” payments, where all monies reported over \$600 were paid to recipients for work performed 100% within the City of Hickman may check the appropriate “100%” box on Form 1099-ST (see above).

**Remember to submit copies of Federal Form 1099 MISC and
Return with this page**

Column 1	Column 2	Column 3	Column 4
Name and Address of Each Non-Employee receiving compensation	Social Security No. or Federal I.D. No. for each Non-Employee	Total Compensation PdEarnings, from to each Non-Employee	Non-Employee Column 3, for within the City of Hickman
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>			



**RECONCILIATION OF HICKMAN, KENTUCKY
PAYROLL LICENSE FEE WITHHOLDINGS
DURING YEAR ENDED _____**

**TYPE OR PRINT IN THIS SPACE EMPLOYER'S
NAME AND ADDRESS OF PRINCIPAL PLACE
OF BUSINESS**

**1. Total number employees listed _____
2. Total Hickman Payroll Tax W/H _____**

Quarter ended March 31, _____
Quarter ended June 30, _____
Quarter ended Sept 30, _____
Quarter ended Dec. 31, _____
Total remitted for year _____

Name of Employee (s)	Address	Gross Wages Paid	Less Wages Pd Outside Wages	Payroll W/H
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**If report is completed on this page total here. . .
Attach copy of W2.**

Report Due February 28, 20__