

EMPLOYER'S QUARTERLY RETURN OF PAYROLL LICENSE FEE WITHHELD

For Quarter Ending _____ Due on or before _____

1. Number of Taxable Employees _____
2. Total salaries, wages, commission and other compensation
Paid all employee(*) Gross \$ _____
3. Less: Non-taxable items (compensation paid
for services provided outside of Hickman) -\$ _____
4. Taxable earnings (Item 2 minus item 3) \$ _____
5. Actual tax withheld in quarter at 1.5% \$ _____
6. Interest @ .5% per month +\$ _____
7. Penalty (1% per month) not to exceed 10% +\$ _____
8. 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 on or before date due as shown below.

Make checks or money order payable to:

CITY OF HICKMAN

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

Mail to:

CITY OF HICKMAN
1812 SO 7th Street
Hickman, KY 42050

www.hickmancityof.org

Please return this form with your payment

(Name of Business/Address)

Account #

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



**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	Less Wages Pd	Payroll W/H
		Paid	Outside Wages	

**If report is completed on this page total here. . .
Attach copy of W2.**

Report Due February 28, 20__