

CITY OF MADISONVILLE KENTUCKY

Payroll Tax Year End Return

- 1. Total Number of Employees _____ Taxable Employees _____
- 2. Total Salaries, Wages, Commissions and Other Compensation _____
- 3. Less Compensation Paid for Services Outside of Madisonville _____
- 4. Taxable Earnings (Line 2 Minus Line 3) _____
- 5. Actual Tax Due in Period at 2.5% _____
- 6. Adjustments from Prior Periods _____
- 7. Interest (1% Per Month) After Due Date _____
- 8. Penalty (5% Per Month up to 25%, \$25 Min.) After Due Date _____
- 9. Total Taxes Due Including Interest & Penalty _____

Make Check Payable & Mail to:
 Director of Finance
 P.O. Box 1270
 Madisonville KY 42431

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

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

Signed _____ Date _____

| | |
|-------------------|-------|
| Date Received | _____ |
| Check Number | _____ |
| Check Amount | _____ |
| Account Number | _____ |
| For Period Ending | _____ |
| Due On or Before | _____ |

Reconciliation of Madisonville License Fee Withheld for Calendar Year is Required.
 (If you have 10 or less employees, use the space provided below or furnish copies of employee's W-2.
 Larger concerns may file on listing (using the format below) or furnish W-2 copies.

| Social Security Number | Name of Employee | Gross Wages | Taxable Wages | Occupational Tax Withheld |
|------------------------|------------------|-------------|---------------|---------------------------|
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Tax Year 2024

Attach Continuation Sheet if Necessary

- For Quarter Ended March 31, _____
- For Quarter Ended June 30, _____
- For Quarter Ended September 30, _____
- For Quarter Ended December 31, _____

W2's are due by January 31st

Total Remitted for the Year _____

Prepared By _____ Date _____

Notice: This form must be returned whether or not you had employees during this period, under Section 110 City Code of Ordinances.