



CITY OF LYNDON

Ph: 502-423-0932 web: cityoflyndon.org e-mail: revenue@cityoflyndon.org

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

Business Name: _____

For Period Ended: _____ Due on or Before: _____ Federal Tax ID Number: _____

This return must be filed whether you had payroll or not during this period. Line 1 must be completed.

1. Number of Taxable Employees working in the City of Lyndon: _____
2. Total Gross Salaries, Wages, Commissions and other Compensation Paid: _____
3. Less Compensation Paid for Services Outside City of Lyndon: _____
4. Taxable Earnings (Line 2 minus Line 3): _____
5. City Tax Due (Line 4 X 1%): _____
6. Less Estimated Payments: _____
7. Net Taxes Due on or Before Due Date (Line 5 minus Line 6): _____
8. Interest – 12% per annum after due date: _____
9. Penalty – 5% of tax due per month or fraction of month not to exceed 25% total tax _____
 - a. Not less than \$25.00
10. Total Tax, Penalty and Interest _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Instructions to Taxpayer:

Make Payment to: City of Lyndon, Attn: Revenue, 515 Wood Rd., Lyndon, KY 40222

Drop-off office hours: Mon. – Wed., 8:00 a.m. – 3p.m. (payment box available at door)

If the business changes address, ownership or tax entity, please notify City of Lyndon immediately.

The employer must submit an annual reconciliation of gross wages and taxes filed on or before the last day of February each year.
Please retain a copy for your records.

Office use only: Date Received _____

Amount Received/Refunded: _____