

CITY OF ASHLAND

Department of Finance

Occupational License / Net Profit Division

P.O. Box 1839, Ashland, KY 41105-1839

Phone No. 606/327-2013, 2014, or 2023 Fax No. 606/324-0978

**CITY OF ASHLAND
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD**

BUSINESS:				
BUSINESS LOCATION (street address):				
MAILING ADDRESS (if different from above):				
TELEPHONE NUMBERS (include area code):	Business		Fax	

PERIOD BEGINNING:	
PERIOD ENDING:	
RETURN DUE:	
ACCOUNT NUMBER:	

**MAKE CHECKS PAYABLE TO: City of Ashland, Occupational License / Net Profit Division
P. O. Box 1839, Ashland, KY 41105-1839**

1.	Number of subject employees	
2.	Gross Salary, Wages and Other Compensation paid to employees	\$
3.	Less Salary, Wages and Other Compensation not subject to License Fee	- \$
4.	Net Salary, Wages and Other Compensation subject to License Fee (<i>Line 2 minus Line 3</i>)	= \$
5.	Multiply Line 4 by the Occupational License Fee (2.0%)	= \$
6.	IF FILED AFTER DUE DATE: Add 5% penalty per month (\$25 minimum) and 12% interest per annum	+ \$
7.	TOTAL PAYMENT DUE	= \$
	Check No. ()	

*I certify that the information contained herein and any schedules or exhibits attached are correct.*Signature: _____ Title: _____ Date: _____
(Over)**FOR INTERNAL USE ONLY**

Reconciled By: _____ Date: _____