

**EMPLOYER'S QUARTERLY RETURN  
LEBANON OCCUPATIONAL LICENSE FEE WITHHELD**

1. Total salaries, wages, commissions, and other compensation paid employees this quarter			11. Total No. employees subject to Lebanon license fee this quarter	<input type="text"/>
2. Amount included in line 1 which was paid for services outside of Lebanon			12. Summary of monthly payments	
3. Compensation subject to Lebanon license fee (line 1 less line 2)			Date Paid	Amount
4. Lebanon license fee payable (1% of line 3)				
5. Monthly payments made (from item 12)				
6. Balance due with this return (line 4 less lines 5 and 6)				
7. Penalty (See instruction - line 8)				
8. Interest (12% per annum)				
9. Total amount due (sum of lines 7, 8, and 9)				
<b>Employer's Name and Address:</b> _____ _____ _____			TOTAL	
			(to line 6)	
<b>Tax ID #</b> _____				

I declare that to the best of my knowledge this is a true, correct, and complete return.

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Make checks payable and mail return to Tax Administrator, City of Lebanon, PO Box 840, Lebanon, KY 40033

Return for quarter ended \_\_\_\_\_

**INSTRUCTIONS**

The return is for a period of three calendar months ended March 31, June 30, September 30, or December 31 and is due on or before the last day of the month following the end of the quarter.

Line 1: Enter total compensation paid during the quarter, regardless of when or where earned.

Line 2: Enter the amount included in line 1 which represents payment for services performed or work done outside Lebanon. The employer must maintain adequate records to substantiate this amount.

Line 6: See instructions on Form 501 for monthly payment requirement. Summarize monthly payments (if required) made this quarter in item 12: transfer total to line 6.

Line 8: A penalty of 1/2% is imposed for each month or fraction thereof after the due date of the return during which the license fee remains unpaid.

Line 9: Interest accrues on unpaid license fees at a rate of 12% per annum from the due date of the return until paid.

More detailed information for employers may be obtained from the Tax Administrator, City of Lebanon, P.O. Box 840, Lebanon, KY 40033