



Form 245A
Revised 02/2014

CITY OF PIKEVILLE
DIVISION OF TAX COLLECTION
INDIVIDUAL OCCUPATIONAL TAX RETURN
FOR THE YEAR ENDED _____

DUE DATE: _____

TAXPAYER INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ - _____ - _____ ACCOUNT # _____

a. Employer _____

1. TAXABLE HOURS WORKED INSIDE CITY _____

2. TOTAL HOURS _____

3. CITY TAXABLE PERCENTAGE (LINE 1 DIVIDE LINE 2) _____ %

4. GROSS WAGES PER W-2 (ATTACH COPY) _____

5. TAXABLE PERCENTAGE (FROM LINE 3) _____ %

6. TAXABLE EARNINGS (LINE 4 x LINE 5) _____

7. TAX LIABILITY (LINE 6 x 2%) _____

8. TAX WITHHELD PER W-2 _____

9. AMOUNT DUE (REFUNDED) (LINE 8 - LINE 7) _____

10. PENALTY IF PAID LATE (MULTIPLY LINE 9 BY 5% X

NO. OF MONTHS LATE (MINIMUM \$25.00) _____

11. INTEREST (LINE 9 PLUS LINE 10 MULTIPLIED BY 12% PER ANNUM) _____

12. BALANCE DUE (LINE 9 + 10 + LINE 11) _____

I DECLARE UNDER PENALTIES OF PERJURY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE AND CORRECT.

SIGNATURE OF TAXPAYER _____ DATE _____

ALL RETURNS RECEIVED WITHOUT SIGNATURES WILL BE ASSESSED A \$20.00 SERVICE CHARGE

Make check payable to:
OCCUPATIONAL TAX ADMINISTRATOR

Mail to:
CITY OF PIKEVILLE
DIVISION OF TAX COLLECTION
243 MAIN STREET
PIKEVILLE, KY 41501
www.pikevillecity.com

ATTACH COPY OF W-2 AND/OR 1099

CHAPMAN PRINTING CO.
HUNTINGTON, WV 25728

