FORM IQ-1 INDIVIDUAL QUARTERLY LICENSE FEE RETURN



CITY OF PIKEVILLE
Division of Tax Collection
243 Main Street
Pikeville, KY 41501
606-437-5105-Phone
www.pikevillecity.com

FOR	PERIOD	ENDED	DUE ON OR BEFORE
	CITY	OCCUPATIONA	L ACCOUNT NUMBER

1.	GROSS INCOME (INCLUDING VACATION,	
	HOLIDAY, ANNUAL LEAVE BENEFITS ON WHICH	
	LICENSE FEE WAS NOT DEDUCTED).	
2.	INCOME OUTSIDE PIKEVILLE	
3.	ADJUSTED GROSS INCOME (LINE 1 MINUS LINE 2).	
4.	LICENSE FEE AT 2%.	
5.	PENALTY IF NOT PAID BY DUE DATE (LINE 4 X 5% X	
	No of Months Delinquent) (Minimum \$25.00)	
6.	INTEREST IF NOT PAID BY DUE DATE(LINE 4 PLUS	
	LINE 5 X 12% PER ANNUM)	
7.	TOTAL DUE (LINE 4 PLUS LINE 5, PLUS LINE 6).	

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

(SIGNED) _____(PHONE) ____(DATE)

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

INSTRUCTIONS TO TAXPAYER

Payment should be made payable to:

CITY OF PIKEVILLE TAX DIVISION 243 MAIN STREET PIKEVILLE, KY 41501

Our office hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.