

FORM EQ-2 AMENDED EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD



CITY OF PIKEVILLE
 Division of Tax Collection
 243 Main Street
 Pikeville, Kentucky 41501
pikevilleky.gov
 (606) 437-5105

CITY OCCUPATIONAL ACCOUNT NUMBER

Re: _____

We are amending the quarter ending _____
 For the above referenced company as indicated below:

RATE 2%	AS ORIGINALLY REPORTED	CORRECT AMOUNT	NET CHANGE IF A DECREASE ENCLOSE IN BRACKETS
Total gross salaries/wages			
Less compensation paid for Services outside City of Pikeville			
Taxable earnings			
Total tax due for quarter			
Tax paid with original return			
Refund			
Penalty-5% of tax due per month or fraction of the month not to exceed 25% of total tax due however, not less than \$25.00			
Interest-12% per annum if not paid by due date			
Additional tax due			

Reason for Adjustment _____

SIGNATURE _____ TITLE _____ PHONE _____ DATE _____

****ALL RETURNS RECEIVED WITHOUT PROPER SIGNATURE WILL BE ASSESSED A \$20.00 SERVICE CHARGE**