



**CITY OF PIKEVILLE
DIVISION OF TAX COLLECTION
INDIVIDUAL OR FEDERAL EMPLOYEE OCCUPATIONAL TAX RETURN
FOR THE YEAR ENDED _____**

Customer Name and Address:

Account Number: _____

Due Date: _____

Employer Name and Address: _____

- 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

COPY OF 1099 OR W2 MUST BE ATTACHED TO RETURN FOR PROCESSING

**Make check payable to:
OCCUPATIONAL TAX ADMINISTRATOR**

**Mail to:
CITY OF PIKEVILLE
DIVISION OF TAX COLLECTION
606-437-5102
243 MAIN STREET
PIKEVILLE KY 41501
www.pikevilleky.gov**