



EMPLOYERS QUARTERLY RETURN OF LICENSE FEE

(NOTE: This original must be filled out and returned to the City of Dry Ridge. Please make a copy for your personal records.)

www.cdrky.org

CALENDAR YEAR []

QUARTER ENDING []

DUE DATE []

Business Name:
Address:
Address:
City/State/Zip:

PIDN #: BL
Federal ID/SS #:
Phone #:

INSTRUCTIONS: If this is a 1st, 2nd, 3rd or 4th Quarter return, please fill out section 1 below. For the Annual Reconciliation, please fill out section 2 below.

SECTION 1. QUARTERLY RETURN FOR QUARTERS 1, 2, 3, and 4

Post marks will not be accepted!

This quarterly return must be remitted to the City of Dry Ridge EVEN IF THERE ARE NO WAGES TO REPORT! Late / Non-filers will be subject to penalty.

Dry Ridge Finance Department at 859-824-3335

Required Number of Employees: []

Table with 6 rows: 1 Gross wages, 2 Less wages earned outside city, 3 Total City of Dry Ridge taxable wages, 4 Total tax due (line 3 x 1.25%), 5 Penalty (Minimum of \$25 or 5% per month not to exceed 25%), 6 Interest (1% per month). Includes a TOTAL: row.

For Quarter Ending (Circle One): 3/31 6/30 9/30 12/31
Due Date: 4/30 7/31 10/31 1/31

SECTION 2. ANNUAL RECONCILIATION and W-2/W-3 FORMS DUE 1/31

This annual reconciliation must be re-mitted to the City of Dry Ridge, even if there are NO wages to report.

If you have any questions, please call 859-824-3335

Table with 6 rows: 1 Gross wages (per W-2's), 2 Less wages earned outside city, 3 Total City of Dry Ridge taxable, 4 Total tax due (line 3 x 1.25%), 5 Less total already remitted (Sub-Total from left), 6 Sub-Total of Balance Due. Includes Penalty and Interest rows.

Please make sure to include W-2 and W-3 forms with this remittance!

Printed Name:
Signature:
Date: Title:

Please remit to:
City of Dry Ridge
c/o Finance Department
PO Box 145
Dry Ridge, KY 41035

I declare, under the penalties of perjury, that this return has been examined, and to the best of my knowledge, is true, correct, and complete.