

CITY OF DRY RIDGE

P.O. Box 145
Dry Ridge, KY 41035

EMPLOYERS QUARTERLY RETURN OF LICENSE FEE

Calendar Year

Quarter ending

Due Date

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.

www.cdrky.org

Business Name:

PIDN #:

Address:

Federal ID/SS:

Address:

Phone #:

City/State/Zip:

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

Postmarks 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-fillers will be subject to penalty.

Dry Ridge Finance Department at 859-824-3335

1	Gross wages	\$	<input type="text"/>
2	Less wages earned outside city	\$	<input type="text"/>
3	Total City of Dry Ridge taxable	\$	<input type="text"/>
4	Total tax due (line 3 X 1.25%)	\$	<input type="text"/>
5	Penalty (Minimum of \$25 or 5% per month not to exceed 25%)	\$	<input type="text"/>
6	Interest (1% per month)	\$	<input type="text"/>

Required

TOTAL: \$

Number of Employee 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 2/28

Payments Remitted
(excluding penalties & interest)

This annual reconciliation must be re-mitted to the City of Dry Ridge, even if there are NO wages to report.	1Q	\$	<input type="text"/>
	2Q	\$	<input type="text"/>
	3Q	\$	<input type="text"/>
	4Q	\$	<input type="text"/>

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

Sub-Total

\$

1	Gross wages (per W-2's)	\$	<input type="text"/>
2	Less wages earned outside city	\$	<input type="text"/>
3	Total City of Dry Ridge taxable	\$	<input type="text"/>
4	Total tax due (line 3 X 1.25%)	\$	<input type="text"/>
5	Less total already remitted (Sub-total from left)	\$	<input type="text"/>
6	Penalty (Minimum of \$25 or 5% per month not to exceed 25%)	\$	<input type="text"/>
7	Interest (1% per month)	\$	<input type="text"/>

TOTAL: \$

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

Balance Due \$

Printed Name:

Phone #:

Signature:

Date: Title:

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.

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