



ANNUAL INDIVIDUAL OCCUPATIONAL TAX RETURN

City I.D.
Number Assigned:

CITY OF ELIZABETHTOWN

(To be filed by all employees whose employer did not withhold Occupational Tax)

FOR TAX YEAR ENDED
DUE ON OR BEFORE
APRIL 15,
SOCIAL SECURITY NUMBER

1. Enter gross income from W2, Box 5.
(attach copy of W-2)..... \$ _____
2. Deduct income earned outside Elizabethtown..... \$ _____
3. Adjust gross income (Line 1 Minus Line 2)..... \$ _____
4. Occupational License Fee on adjusted gross
income (Line 3 x 1.35%)..... \$ _____
5. Credit for estimated tax paid..... \$ _____
6. Balance of tax due..... \$ _____
7. Interest 1.00 % per month..... \$ _____
8. Penalty 5 % per month not exceeding 25%.
(A Minimum Penalty of \$25.00 if Delinquent.) \$ _____
9. TOTAL DUE..... \$ _____

I hereby certify that this return has been examined by me and the following contained herein is true, correct and complete.

Date _____

Sign Here _____

*MAKE CHECK PAYABLE
AND MAIL TO:*

**Director of Finance
P.O. Box 550
Elizabethtown, KY 42702-0550**

Attach copy of W-2 here

Forms available at www.elizabethtownky.org