

Hartford Employer's Quarterly Return Withholding Tax

116 E. Washington St
Hartford, KY 42347

(270) 298-3612
hartfordOTA@gmail.com

For Period Ending due by

ACCOUNT NUMBER:

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS LOCATION: _____

TELEPHONE: _____

MOBILE NUMBER: _____

OF EMPLOYEES: _____

PERIOD BEGINNING: _____

PERIOD ENDING: _____

RETURN DUE: _____

MAKE CHECKS PAYABLE TO:

City of Hartford
116 E. Washington St
Hartford, KY 42347

1. Total Gross Wages, Salaries and Other Compensation Paid

\$ _____

2. Less Compensation Paid for Services Outside of Hartford

\$ _____

3. Taxable Earnings (line 1 minus line 2)

\$ _____

4. Withholding Tax Due (line 3 x 1%)

\$ _____

5. Penalty 5% per month, \$25 minimum

\$ _____

6. Interest 12% per annum simple interest

\$ _____

7. TOTAL (Add Lines 4, 5, 6)

\$ _____

** Penalty and Interest will be assessed if payment is not made on or before the due date.*

Notify this office if change of tax entity, name or address.

*This form must be returned even if no wages paid during this period.

Signature: _____ Title: _____ Date: _____

Printed Name: _____

FOR INTERNAL USE ONLY

Date: _____

Check Number: _____

Amount: _____