

CITY OF HARTFORD EMPLOYER'S QUARTERLY RETURN WITHHOLDING TAX

P.O. Box 64
Hartford, KY 42347
(270) 298-3612 Ext. 3
OTA@Hartfordky.org

Business Name: _____
Mailing Address: _____
City _____ State _____ Zip _____

ACCOUNT NUMBER: _____

Period Beginning:	_____
Period Ending:	_____
Return Due:	_____

Business Location: _____
Telephone: _____
Mobile Number: _____
of Employees _____

MAKE CHECKS PAYABLE TO:

City of Hartford, Occupational Tax Administrator
P.O. Box 64
Hartford, KY 42347

1. Total Gross Wages, Salaries and Other Compensation Paid \$ _____
2. Less Compensation Paid for Services Outside of City 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 there is a change of tax entity, name or address.***

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

I hereby certify that the information is true and correct: _____ Must be signed and dated.

Signature: _____ Title: _____ Date: _____

Printed Name: _____

FOR INTERNAL USE ONLY

Date: _____ Check Number: _____ Amount: _____