## CITY OF BELLEVUE, KENTUCKY

www.bellevueky.org

OFFICE OF CLERK-TREASURER
Phone: 859 431-8888 Fax: 859 261-8387

## Employer's Withholding Annual Return Under City of Bellevue Ordinance 2007-12-01

## Please complete and return on or before February 28

TAX YEAR ENDING:

Business name:			_ _		FEDERAL TAX ID# OCIAL SECURITY No.
Address:			_	Print	
Address:			_		
City/State/Zip:					
,					
Quarter Earnings Withhold Reported Rate	_	Paid A	dditional Earnings not previously reported	AdditonalWithholding Tax Due	Additional Amount Paid
March 31 2.50%			•		
June 30 2.50%	'				
September 30 2.50%					
December 31 2.50%					
TOTALS	3			TOTAL ADDITIONAL TAX	
				PENALTY raction not to exceed 25% MUM PENALTY \$25.00	
PLEASE NOTE: INCLUDE COPIES OF FEDERAL			INTEREST 1% per month or portion thereof		
FORMS W-2 AND W-3, TRANSMITTAL			ŗ	TOTAL AMOUNT DUE	
OF WAGE AND TAX STATEMENT	′ I				
OR A DETAILED EMPLOYEE LIST WITH EMPLOYEES NAME, SOCIA SECURITY NUMBER, And TOTAL	L			y that I have examined this retrorrect and complete form.	urn and to the best of my
EMPLOYEE GROSS EARNINGS.		SIGN	ATURE		DATE
			TED NAME/TITLE		PHONE NO.

MAIL WITH REMITTANCE AND SUPPORT TO: City of Bellevue, Office of Clerk/Treasurer, 616 Poplar Street, Bellevue, Kentucky 41073. \*\*Chank you\*\*

Please note that annual return is mailed to different address than quarterly report.

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