

Mail Form to:
Finance Department
City of Winchester
P O Box 4135
Winchester. KY 40392

**CITY OF WINCHESTER, KENTUCKY
RETURN OF LICENSE FEE**



1793

BUSINESS NAME AND ADDRESS:

Check One:

____ Quarter ____ Month ____ Annual

Time Period of Return _____

Due Date _____

1. Total Earnings Paid All Employees \$ _____
2. Deduct Earnings For Service Performed
Outside Winchester, Kentucky \$ _____
3. Earnings Subject to License Fee \$ _____
4. Actual Fee withheld at **2.15%** \$ _____
5. Delinquent Penalty 5% Per Month
(Max 25%) Minimum \$25.00 \$ _____
6. Interest 1% Per Month \$ _____
7. TOTAL \$ _____

I, declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

DATE

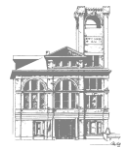
SIGNATURE

TITLE

DF3 10/09

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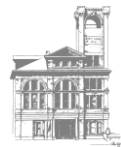
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