



Office of Tax Administrator

Tammy M. Hanlon

Dear Taxpayer:

Your 2019 business license is coming due in the next few weeks. To determine the amount of taxes owed, you will need to fill out an occupational license fee return which can be found in the form section on our website at www.hazardky.gov or you can contact my office. This form is mandatory and should be completed by whomever does your Federal Tax Return. Your payment is due at this time along with this form.

You have until April 15th, 2019 to complete the form and pay the amount due. The tax due is based on your net profit from 2018. The amount due is 1.25% of the first \$60,000.00 earned during the year and .5% on earnings over \$60,000.00. The minimum amount for the business license is \$50.00 per year even if you had a loss during the year.

If you need an extension please send your request by letter along with a copy of your federal extension and the minimum of \$50.00. The City of Hazard can issue a temporary license until you can complete your return through this extension. This needs to be returned by April 15th 2019 in order to keep you off of the delinquent license list.

If you are NO longer working in the city limits or have any changes to make to your current status please let us know so we can make the proper changes to your file. If you have any questions please feel free to call me at (606) 436-3171 Ext. 2237. The City wishes you a prosperous New Year!

* Please select one of the below options and return*

Still working in The City of Hazard? YES NO

Need to request an extension? YES NO Extension date: _____

Credit from the previous year to apply for current year: _____

No longer working in The City of Hazard, Ky? YES NO

Business Name: _____

Address: _____

Sincerely,

Tammy M. Hanlon

Tax Administrator
City of Hazard, Kentucky



Office of Tax Administrator

Tammy M. Hanlon

Dear Taxpayer,

The 2018 end of year reconciliation form for your payroll tax withholdings on employee wages are due in my office by January 31, 2019. You can print the reconciliation form and the payroll forms from the City of Hazard website at www.hazardky.gov or request them from my office as needed.

The reconciliation form needs to be sent to my office along with the fourth quarter payroll withholding form by the January 31, 2019 deadline.

If you have any questions please feel free to stop by my office at City Hall Monday-Friday from 8 AM to 4 PM or by calling (606) 436-3171 ext. 2237.

Sincerely,

Tammy M. Hanlon
Tax Administrator
City of Hazard, Kentucky



Office of Tax Administrator

Tammy M. Hanlon

DEAR TAXPAYER

Please be advised that the City of Hazard requires any person working inside the city limits of Hazard to pay a payroll withholding tax.

The amount due is 1.25% (.0125) up to \$60,000.00 and .5% (.05) of all earnings over \$60,000.00. This is withheld from the person's gross wages.

We require this to be sent every quarter.

Example:

- 1st Quarter January 1 " to March 31st
- 2nd Quarter April 1 " to June 30th
- 3rd Quarter July 1st to September 30th
- 4th Quarter October 1 " to December 31st

Please send a copy of the payroll form each quarter along with the payment amount due and the business name and address. **It is very important that your form be complete with all your information.** Forms are available on the city web-site hazardky.gov double click on services and they will be on the left side of the page, or you can call my office.

Also send a copy of the year end reconciliation form for payroll tax withholding on employee wages. **A copy of your w-2 is required.** This form is also available the city web-site.

The reconciliation form needs to be sent with the 4th quarter payroll withholding form.

If you have any questions you can reach me at 606-436-3171 ext. 223 7.

Sincerely,

Tammy M. Hanlon
Tax Administrator
City of Hazard, Kentucky

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
(Instructions Below)

City of Hazard, Kentucky

1. Number of Taxable Employees	
2. Total Salaries, Wages, Commissions and Other Compensation Paid (A)	\$
3. Less: Compensation Paid for Services Outside of Hazard	
4. Taxable Earnings (Item 2 Minus Item 3)	\$
5. Actual Tax Withheld in Quarter At Applicable Rate (B)	
6. Interest (1/2 of 1% per month)	
7. Penalty 10% of License Fee	
8. Interest on Penalty (1/2 of 1% per month)	
9. Total (Includes Interest and Penalty if Due)	

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct

Signed: _____

Official Title: _____

Date: _____

This Return Must Be Filed On or Before Date Due as Shown Below:
 Make Check or Money Order Payable to:
 Occupational Tax Administrator, City of Hazard, KY

- (A) If no wages were paid this quarter, mark "NONE" and return this form with explanation
 (B) License fee imposed on individuals is 1.25% (.0125) of gross compensation up to \$60,000 and .50% (.005) of gross compensation above \$60,000

Federal Id #	
Hazard PRTP #	

Mo.	Day	Yr.

Mail to:
 License Fee Division
 City of Hazard
 P.O. Box 420
 Hazard, KY 41702-0420

Due on or before

Check Reporting Quarter			
1st	2nd	3rd	4th

***Name and Address of Employer (Required Field)**

Notify License Fee Division, City of Hazard of Any Change in Ownership or Name and Address Shown Above. If Receipt is Desired, Return Employer's Copy of This Form and Enclose Self-Addressed, Stamped Envelope.

INSTRUCTIONS FOR PREPARING AND FILING EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

Each employer (except those specifically exempt by ordinance) of one or more persons must withhold the license fee of 1.25% from gross salaries, wages and commission paid up to \$60,000 and .50% above \$60,000 of the gross salaries, wages and commission paid. All employees are subject to the license fee except domestics, including

Quarterly Return

A quarterly return for all license fees withheld must be filed and the license fee paid by the fifteenth day of the month following the close of the calendar quarter. An employer shall be liable to a fine and imprisonment as provided by ordinance for failure to file and return and/or to pay the license fee for filing a fraudulent return. Interest and penalties are also provided for late filing.

- Item 1 Enter total number of employees after eliminating those who are non-taxable
- Item 2 Enter total salaries, wages, commissions, incentive payments, bonuses and other compensations paid all employees during quarter for which return is prepared. If no salaries, wages, or other compensation was paid during this quarter, so indicate and file form employer's quarterly with explanation.
- Item 3 Enter that portion of the compensation paid employees for services rendered outside the City of Hazard.
- Item 4 Represents the difference between items 2 and 3.
- Item 5 Shall be the actual license fee withheld at the applicable rate of 1.25% (.0125) or .50% (.005).

**CITY OF HAZARD
OCCUPATIONAL LICENSE FEE RETURN**

FEDERAL ID # 	OR		
	FISCAL YEAR ENDED		
	MO.	DAY	YR.
HAZARD LICENSE # 			

1. Nature of Business <u>PROFESSIONAL SVCS</u>	5. Check which: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Owner <input type="checkbox"/> Other
2. If Organization was Discontinued, state when <input type="checkbox"/> Dissolution <input type="checkbox"/> or Sale If by Sale, give Name and Address of Successor	6. Basis on which this Return is Prepared - <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
3. Did you have any employees in the current year? <u>NO</u>	7. Have Federal Authorities changed the Net Income as originally reported for any prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has Hazard License Fee Been Withheld from all Subject Employees, Employees, and Remitted Quarterly in accordance with the Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No, if answer is "No" explain:	8. List additional Place of Business if included in this return

SCHEDULE A					
1. Total Income per Federal Return Form	<u>1040</u>	<u>1041</u>	<u>1065</u>	<u>1120</u>	\$
2. Total deductions per Federal Return Form					
3. Net Income per Federal Return					
4. Add Items not deductible (Schedule B)					
5. Total (Line 3 plus Line 4)					
6. Deduct Item not Subject (Schedule B)					
7. ADJUSTED NET INCOME (Line 5 less Line 6)					\$
8. Enter here Average Percentage allocable to Hazard (Schedule C, Line 4)					%
9. Net Profit subject to Hazard License Fee (Line 7 X Line 8)					
10. Hazard license fee due, 1.25% (.0125) of amount on Line 9 up to \$60,000 plus .50% (.005) of amount on Line 9 above \$60,000					
11. Minimum license fee (including loss returns)					50.00
12. Enter greater of Line 10 or Line 11					
13. Add: Interest - 1/2 of 1% per month or portion of month (.005)					
14. Add: Penalty - 10% of license fee					
15. Less: Credits					
16. BALANCE DUE (Sum of Lines 12 through 15) PAY THIS AMOUNT					\$

SCHEDULE B	
NOTE: ADD AND OR DEDUCT ONLY ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME PER FEDERAL RETURN	
A. State or Local taxes based on income	H. Interest on Corporate Bonds \$
B. License Fee Under this Ordinance	I. Interest on U.S. Government Securities
C. Capital Loss	J. Royalties on Patents, Copyrights
D. Net Operating Loss Deduction	K. Dividends
E. Partner's Salaries (attach schedule)	L. Capital Gain
F. Other Items (list)	M. Other Items (list)
G. TOTAL ADDITIONS (enter on Line 4)	N. TOTAL DEDUCTIONS (enter on Line 6) \$

SCHEDULE C			
Business Allocation Percentage - Divide (Col A by Col B to obtain decimal. Carry out at least 6 places.)			
	COL. A	COL. B	COL. C
	CITY OF HAZARD	TOTAL FACTOR	PERCENTAGE
1. BUSINESS RECEIPTS/SALES			
2. TOTAL WAGES, SALARIES AND OTHER PERSONAL SERVICE COMPENSATION			
3. TOTAL PERCENTS			
4. AVERAGE PERCENTAGE (Line 3 Divided by number of percents)			Enter on Line 8

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

RETURN MUST BE SIGNED

Signature of Individual Preparing Return	Date	Signature of Taxpayer	Date
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MAKE CHECK PAYABLE TO OCCUPATIONAL TAX ADMINISTRATOR, CITY OF HAZARD, KENTUCKY
 Mail To: City of Hazard
 License Fee Division
 P.O. Box 420
 Hazard, Kentucky 41702-0420