

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:

Print Date _____

**FEDERAL TAX ID#
OR SOCIAL SECURITY No.**

Print _____

Business name: _____

Address: _____

Address: _____

City/State/Zip: _____

Quarter Ending	Earnings Reported	Withholding Rate	Tax Paid	Additional Earnings not previously reported	Additional Withholding Tax Due	Additional Amount Paid
March 31		2.50%				
June 30		2.50%				
September 30		2.50%				
December 31		2.50%				
TOTALS					TOTAL ADDITIONAL TAX	
					PENALTY 5% per month or fraction not to exceed 25% MINIMUM PENALTY \$25.00	
					INTEREST 1% per month or portion thereof	
					TOTAL AMOUNT DUE	

PLEASE NOTE:
INCLUDE COPIES OF FEDERAL FORMS W-2 AND W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS, OR A DETAILED EMPLOYEE LISTING WITH EMPLOYEES NAME, SOCIAL SECURITY NUMBER, And TOTAL EMPLOYEE GROSS EARNINGS.

I declare under penalty of perjury that I have examined this return and to the best of my knowledge and belief it is true, correct and complete form.

SIGNATURE DATE

PRINTED NAME/TITLE PHONE NO.

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

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