

**Form M-2**

**CITY OF MAYFIELD**  
**211 E. Broadway, Mayfield, KY 42066--- (270) 247-1981**  
**EMPLOYER/EMPLOYEE QUARTERLY RETURN OF LICENSE FEE WITHHELD**

- 1. Total gross wages paid all employees during the quarter \$ \_\_\_\_\_
- 2. Less gross wages for services outside the city of Mayfield \$ \_\_\_\_\_
- 3. Taxable gross wages (Line 1 minus Line 2) \$ \_\_\_\_\_
- 4. **1.9% of all gross wages paid to each employee** \$ \_\_\_\_\_
- 5. License fee withheld in quarter \$ \_\_\_\_\_
- 6. Penalty if not paid when due (5% per month past due, or \$25.00 whichever is greater) \$ \_\_\_\_\_
- 7. Interest (1% per month past due.) \$ \_\_\_\_\_
- 8. Total (include Lines 6 & 7 if due) \$ \_\_\_\_\_

If no wages paid this quarter, mark "NONE", sign and return form with explanation

**FOR QUARTER ENDED** \_\_\_\_\_

**Address:**

**Payment due**

I hereby certify that the information and statements contained herein are correct.

\_\_\_\_\_  
Signature Date

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