

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 wages paid all employees during the quarter \$ _____
2. Less wages for services outside the city of Mayfield _____
3. Taxable earnings (Line 1 minus Line 2) _____
4. 2% of the first \$50,000 taxable wages paid to each employee _____
5. 1% of the taxable wages over \$50,000 thru \$500,000 paid to each employee _____
6. 1/2% of the taxable wages over \$500,000 paid to each employee _____
7. License fee withheld in quarter (Total lines 4 thru 6) \$ _____
8. Penalty if not paid when due (5% per month past due, or \$25.00 which ever is greater)\$ _____
9. Interest(1% per month past due) \$ _____
10. Total (include Lines 8 & 9 if due) \$ _____

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

FOR QUARTER ENDED _____

Address:

Payment due within one month from the above date.

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

Signature

Date