

**CITY OF GRAND RIVERS**  
**EMPLOYER'S PAYROLL WITHHOLDING**  
155 WEST CUMBERLAND AVENUE  
POST OFFICE BOX 265  
GRAND RIVERS, KENTUCKY 42045  
270-362-8272

This form includes returns for the \_\_\_\_\_ quarter of the year \_\_\_\_\_.

**Please attach a listing of employees and gross wages for this quarter.**

Payroll withholding is due the last day of the month following quarter end.

**MAKE CHECKS PAYABLE TO THE CITY OF GRAND RIVERS AND MAIL RETURN TO  
THE ABOVE ADDRESS**

1. Total earnings paid all employees\* \_\_\_\_\_
2. Wages earned outside City Limits \_\_\_\_\_
3. Taxable earnings (line 1 minus line 2) \_\_\_\_\_
4. Withholding Due (line 3 multiplies by 1.0%) \_\_\_\_\_
5. Penalty (\*\*5% of the total tax due for each calendar month that tax  
is delinquent) **MINIMUM PENALTY \$25.00** \_\_\_\_\_
6. Interest (\*\*12% annum, 1% per month or part month) \_\_\_\_\_
7. TOTAL (Add lines 4, 5, and 6) \_\_\_\_\_

\* If no wages were paid this quarter, mark "NONE" on line 1, sign in appropriate space below and return this form.

\*\* Penalty is assessed if payment is not made to the City of Grand Rivers by the last day of the month following quarter end.

\*\*\* Interest is due at a rate of 1% per month on any unpaid withholding.

**NAME OF COMPANY** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**PHONE** \_\_\_\_\_

I hereby certify that the information and statement contained herein or attached are correct.

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