

CITY OF BEREA

EMPLOYERS RETURN OF LICENSE FEE WITHHELD

PR-120

Make Checks Payable and Mail to:
City of Berea Finance Department
212 Chestnut Street
Berea, KY 40403
 Phone: (859) 986-7218

(Name and Address of Employer)

City Account #:

Change of Address

Employer EIN:					
Period Beginning:		Period Ending:		Due Date:	
1.	Number of Taxable Employees				
2.	Total Gross Wages, Salaries and Other Compensation Paid				\$
3.	Less Compensation not Subject to License Fee				\$
4.	Earnings subject to License Fee (Line 1 minus line 2)				\$
5.	License Fee Due (Line 3 X 0.020)				\$
6.	Penalty (Line 5 x 0.100 if paid after due date)				\$
7.	Interest (Line 5 x 0.015 per month or fraction thereof late)				\$
8.	Total Amount Due (Add lines 5,6 and 7)				\$

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and accurate to the best of my knowledge.

Signature: _____ Title _____ Date _____