## **City of Murray OCCUPATIONAL LICENSE** TAX



**EMPLOYEE WITHHOLDING TAX** 

Mailing Address: City of Murray Attn: Occupational Tax P.O. Box 1056 MURRAY, KY 42071 Telephone (270) 762-0300 - www.murrayky.gov



FORM OCC 2

## **MONTHLY OR QUARTERLY FILING AND REMITTANCE**

## **INFORMATION UPDATES & CORRECTIONS**

Complete this section only if there are changes

	TAX YEAR	DUE ON	I OR BEFORE		Business	Name or D/B/A	
	2019			>			
	CITY OCCUPATIONAL TAX NUMBER			Business Description			
					>		
	LEGAL BUSINESS NAME				NAICS Number	Federal I.D Number	
				>		>	
	DBA				Phone	FAX	
				>		>	
AMENDED RETURN				Website			
снос	DSE FILING PERIO	D FOR THIS RETURN	l	>			
Return Type Quarterly Monthly					Primary Contact (CEO or Officer)		
L1 Quarter 1st - 2nd - 3rd - 4th ->				>			
_2 Month Jan-Feb-Mar-Apr- May- Jun>				E-mail			
	Jul-Aug-Sept-Oct	t-Nov-Dec ——	>	>			
.3 Total number of local employees				Secondary Contact / Payroll Provider			
L4 Total wag	ges paid during pe	eriod	>	>			
L5 Less wages services performed outside				Business Ownership Change (If Applicable)			
the city L6 Taxable (	earnings (Line 4 n	ninus line 5)	>		Date of Change	Previous Owner	
L7 Tax due fo	•	;	>	>		>	
Line 6 x 1% (0.01)tax rate = TAX DUE					Former	Trade Name	
PAST DUE	E INTEREST PENALT	Y (If Applicable )		>			
L8 INTEREST			>				
		r due date = INTEREST		]			
L9 TOTAL TAX	DUE	;	>				
		:					

ine 7 + line 8 = TOTAL TAX DUE

The City of Murray imposes a withholding fee of 1% of all gross earnings paid for work done or services performed in

the City. This applies to every resident and non-resident who works in Murray. It is the responsibility of each employer to withhold these fees and submit them on the required periodic basis. Employers who fail to withhold or pay the withholding to the City shall be personally liable to the City for any sums withheld or required to be withheld.

Preparer Signature	Date
Print Name	Title

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