

Mail Form to:  
Finance Department  
City of Winchester  
P O Box 4135  
Winchester, KY 40392

CITY OF WINCHESTER, KENTUCKY  
RETURN OF LICENSE FEE



1793

BUSINESS NAME AND ADDRESS:

1. Total Earnings Paid All Employees \$ \_\_\_\_\_
2. Deduct Earnings For Service Performed  
Outside Winchester, Kentucky \$ \_\_\_\_\_
3. Earnings Subject to License Fee \$ \_\_\_\_\_
4. Actual Fee withheld at **2.0%** \$ \_\_\_\_\_
5. Delinquent Penalty 5% Per Month  
(Max 25%) Minimum \$25.00 \$ \_\_\_\_\_
6. Interest 1% Per Month \$ \_\_\_\_\_
7. TOTAL \$ \_\_\_\_\_

Check One:

\_\_\_\_ Quarter \_\_\_\_ Month \_\_\_\_ Annual  
Time Period of Return \_\_\_\_\_  
Due Date \_\_\_\_\_

I, declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

DATE

SIGNATURE

TITLE

DF3 10/09

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