



City I.D.
Number Assigned: _____

ANNUAL INDIVIDUAL OCCUPATIONAL TAX RETURN

CITY OF ELIZABETHTOWN

(To be filed by all employees whose employer did not withhold Occupational Tax)

NAME: _____

ADDRESS: _____

FOR TAX YEAR ENDED 2017
DUE ON OR BEFORE APRIL 15, 2018
SOCIAL SECURITY NUMBER

- 1) Enter gross income from W-2, Box 5.
(attach copy of W-2).....\$ _____
- 2) Deduct income earned outside Elizabethtown.....\$ _____
- 3) Adjust gross income (Line 1 Minus Line 2).....\$ _____
- 4) Occupational License Fee on adjusted gross
Income (Line 3 x 1.35%).....\$ _____
- 5) Credit for estimated tax paid.....\$ _____
- 6) Balance of tax due.....\$ _____
- 7) Interest 1.00% per month.....\$ _____
- 8) Penalty 5% per month not exceeding 25%
(A Minimum Penalty of \$25.00 if Delinquent).....\$ _____
- 9) TOTAL DUE.....\$ _____

I hereby certify that this return has been examined by me and the following contained herein is true, correct and complete.

Date _____

Sign Here _____

MAKE CHECK PAYABLE AND MAIL TO:

Director of Finance
P.O. Box 550
Elizabethtown, KY 42702-0550

(Forms available at www.elizabethtownky.org)

Attach copy of W-2 here