

**CITY OF RUSSELL  
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD**

Remit to: City of Russell - Occupational License Fee Division  
P.O. Box 473  
Russell, KY 41169-0473  
606-833-9555

Company Name	
Trade Name (If different)	
Mailing Address	
City, State, Zip	
Street Address (If different)	
City, State, Zip	
Contact / Phone Number	

Check for address changes in the spaces above

Period Beginning	
Period Ending	
Due Date	
Account Number	
Federal Tax ID	

1.	Number of subject employees		
2.	Gross Salary, Wages and Other Compensation paid to employees		\$
3.	Less Salary, Wages and Other Compensation not subject to License Fee	-	\$
4.	Net Salary, Wages and Other Compensation subject to License Fee	=	\$
5.	Multiply Line 4. By the Occupational License Fee - 1.5% (.015)	=	\$
6.	Adjustments from Prior Periods	+/-	\$
7.	IF FILED AFTER DUE DATE: Add 10% Penalty and 8% Interest Per Annum	+	\$
8.	TOTAL PAYMENT DUE	=	\$

I certify that the information contained herein and any schedules or exhibits attached are correct.

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

Internal use only

Reconciled By: \_\_\_\_\_ Date: \_\_\_\_\_