



Business Information Form

☐ My Business is active in the City of Junction

☐ My Business has closed or is no longer active in the City of Junction

Legal Name of Business: _____

Doing Business as/or Trade Name: _____

Tax ID Number: _____

Nature or Description of Business:

Business Address: _____

Business Mailing Address (if different) _____

Jobsite Locations (list, if applicable):

Business Phone: _____

E-mail Address: _____

Do you have employees? (circle one) Y or N

Please provide the name(s) AND addresses for all owner(s)/partners of the business:

Please list officers (with titles) for Corporations:

NOTIFY CITY CLERK, CITY OF JUNCTION CITY, OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.
If Receipt is Desired, Return Employer s Copy of This Form and Enclose Self-Addressed, Stamped Envelope.

MAKE CHECK OR MONEY ORDER
PAYABLE TO: City of Junction City
MAIL TO:
PO Box 326
Junction City, KY 40440

Form E.Q. 1
LICENSE FEE

EMPLOYER S QUARTERLY RETURN OF LICENSE FEE WITHHELD

UNDER ORDINANCE NUMBER 15-2003

(INSTRUCTIONS ON REVERSE
SIDE OF EMPLOYER S COPY)

1. NUMBER OF TAXABLE EMPLOYEES _____	
2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER COMPENSATION PAID ALL EMPLOYEES (*) _____ \$	
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID FOR SERVICES OUTSIDE OF THE CITY OF JUNCTION CITY _____	
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) _____	
5. ACTUAL TAX DUE IN QUARTER AT 1% _____ \$	
6. INTEREST (12% PER ANNUM) _____	
7. PENALTY (See Item No. 7 on Reverse Side) _____	
8. TOTAL (INCLUDES INTEREST ADN PENALTY IF DUE) _____	

*If no wages were paid this quarter, mark None and return this form with explanation.

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

(SIGNED) _____

(OFFICIAL TITLE) _____
Owner, Partner, Member, President, Treasurer, Agent, Date

FOR QUARTER ENDING

MO.	DAY	YR.

DUE ON OR BEFORE 30 DAYS
AFTER CLOSE OF QUARTER

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