



CITY OF MURRAY

Mailing Address: City of Murray
Attn: Occupational Tax
P.O. Box 1056
Murray KY, 42071

Telephone (270) 762-0300 - www.murrayky.gov

PRINT FORM

FORM
OCC 3

OCCUPATIONAL LICENSE TAX ANNUAL RECONCILIATION

Table with 3 columns: TAX YEAR, DUE ON OR BEFORE, BUSINESS / COMPANY. Row 1: 2019, February 28, 2020. Row 2: MURRAY OCCUPATIONAL TAX NUMBER.

. Please complete and remit the attached form as directed.

In accordance with the City of Murray Ordinance 2017-1743, any Employee performing work or rendering services within the City limits of the City of Murray shall be assessed a 1% Occupational Tax on gross earnings.

Reconciliation MUST be completed Regardless of Remittance

Table with 2 columns: Description (lines 1-7) and Amount (\$). Lines include: TAX PAID QUARTER ENDED MARCH 31, 2019; TAX PAID QUARTER ENDED JUNE 30, 2019; TAX PAID QUARTER ENDED SEPTEMBER 30, 2019; TAX PAID QUARTER ENDED DECEMBER 31, 2019; TOTAL TAX REMITTED FOR ALL 2019 QUARTERLY RETURNS; TOTAL TAXES WITHHELD IN 2019 PER ATTACHED EMPLOYEE WAGE STATEMENTS; DIFFERENCE BETWEEN LINE 5 AND 6.

ANY DISCREPANCY BETWEEN THE AMOUNTS SHOWN ON LINES 5 AND 6 MUST BE FULLY EXPLAINED IN AN ATTACHED STATEMENT. WAGE STATEMENTS IN COMPLIANCE WITH CITY OF MURRAY CODE OF ORDINANCES CHAPTER 75.06 (E) MUST BE PROVIDED FOR ALL EMPLOYEES PAID DURING THE 2019 TAX YEAR. **** IF ADDITIONAL TAX IS DUE (LINE 7), A CHECK FOR THE ADDITIONAL PAYMENT MUST BE ATTACHED TO THIS RETURN.

The City of Murray assesses an occupational tax of 1% of all gross earnings paid for work performed or services rendered in the city limits of the City of Murray. This applies to every resident and non-resident who works in the Murray city limits. It is the responsibility of each employer to withhold these fees and submit them on the required periodic basis. Unless exempt, 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.

Signature _____ Date _____

Print Name _____ Title _____

Contact Number _____ Email Address _____