

**City of Pineville
Occupational Tax Form**

Period Beginning _____ Period Ending _____ Due Date _____

Remittance Quarterly or Monthly (Circle One)

FEIN:

Name & Address:

Make Check Payable to:

City of Pineville

PO Box 688

Pineville, KY 40977

1.	Number of Taxable Employees	
2.	Total salaries, wages, commissions, & other compensation paid to all employees	\$
3.	Non-taxable items (compensation paid for services outside of Pineville)	\$
4.	Amount subject to Pineville license fee (item 2 minus item 3)	\$
5.	Employee License Fee withheld at 1.5% (Item 4 x 0.015)	\$
6.	If paid after due date add 10 % penalty & interest at 6% per month	\$
7.	TOTAL PAYMENT DUE	\$

I hereby certify that this information is correct to the best of my knowledge.

Signature Title Date

*Please note that all for-profit businesses remitting occupational taxes to the city of Pineville must also apply for a business license and file a net profit return annually.