

City of Union

www.cityofunionky.org

1843 Bristow Drive Union, KY 41091

859-384-1511

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Amended Quarterly Withholding Tax Return for 2024

Name: _____

Account No: _____

DBA: _____

FEIN/SSN: _____

(please advise if incorrect)

Address: _____

For Quarter Ending: - (Circle Correct Date)

City: _____

03/31/24 due 04/30/24

09/30/24 due 10/31/24

State, Zip: _____

06/30/24 due 07/31/24

12/31/24 due 01/31/25

Total gross compensation earned in the City of Union

Original

Amended

\$ _____

\$ _____

City of Union Ordinance 2022-09

Original

Amended

1)Gross earnings subject to City of Union payroll tax

\$ _____

\$ _____

2)Less credit for overpayment in prior quarter-attach explanation

\$ _____

\$ _____

3) Total City of Union Ordinance Tax

\$ _____

\$ _____

Difference

\$ _____

Total remittance

payment

Credit to MM/YY or Refund

Make check payable to: City of Union

If the amended return results in a overpayment you can request the amount to be credited to another quarter or you can request a refund after year end processing.

Statistical Information- **Required**

Total Number of Employees Working in the City of Union

Signature: _____

Date: _____

Official Title: _____

Phone No: _____

Tax Form Prepared By: _____

I declare, under the penalties of perjury, that I have examined this document and to the best of my knowledge and belief, this is a true and accurate return.