

**City of Union**

[www.cityofunionky.org](http://www.cityofunionky.org)

1843 Bristow Drive Union, KY 41091

859-384-1511

[occtax@cityofunionky.org](mailto:occtax@cityofunionky.org)

**Amended Quarterly Withholding Tax Return for 2025**

Name: \_\_\_\_\_

Account No: \_\_\_\_\_

DBA: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

(please advise if incorrect)

Address: \_\_\_\_\_

**For Quarter Ending: - (Circle Correct Date)**

City: \_\_\_\_\_

03/31/25 due 04/30/25

09/30/25 due 10/31/25

State, Zip: \_\_\_\_\_

06/30/25 due 07/31/25

12/31/25 due 01/31/26

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: \_\_\_\_\_

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.