



- * SEE EXTENSION FILING INSTRUCTIONS BELOW
- * LICENSEE, NOT PREPARER, RESPONSIBLE FOR ALL INFORMATION AND PAYMENTS
- * FILING INSTRUCTIONS INSIDE
- * QUESTIONS OR ASSISTANCE CALL (859) 581-8884
- * **MAKE CHECK PAYABLE TO:**

CITY OF WILDER
GROSS RECEIPTS
TAX FORM

CITY OF WILDER
520 LICKING PIKE
WILDER, KY 41071

FISCAL YEAR ENDS

COMPANY:

EXTENSION REQUEST FILING INSTRUCTIONS

- * FOR A SIX MONTH EXTENSION, MAKE A COPY OF THIS FORM AND PAY AT LEAST 90% OF ANY ESTIMATED FEES DUE
- * SIGN RETURN AND REMIT BY DUE DATE

COL. 1 CITY	COL. 2 FEE	COL. 3 SUBJECT EARNINGS	COL. 4 RATE	COL. 5 FEE AMOUNT	FEE LIMITS MIN / MAX .00 / 40,000.00	COL. 6 FEE DUE	COL. 7 EST. TAX PAYMENT	COL. 8 TOTAL FEE DUE
Wilder	Gross		0.00075					
RETURN MUST BE SIGNED - I hereby certify under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.						TOTAL		
						5% Per Month or Portion Thereof		
SIGNATURE OF INDIVIDUAL PREPARING FORM _____						PENALTY		
DATE _____						Not to exceed 25%		
PRINT NAME _____						TOTAL X .000247		
PHONE NUMBER _____						x # Days Past		
SIGNATURE OF LICENSEE _____						INTEREST		
DATE _____						Due Date		
PRINT NAME _____						TOTAL AMOUNT DUE		
TITLE _____						DUE WITHIN THREE (3) MONTHS FROM		
PLEASE PRINT FEDERAL ID # OR SOCIAL SECURITY # _____						THE END OF YOUR FISCAL YEAR.		
HAVE YOU ATTACHED ALL APPLICABLE FEDERAL FORMS, SCHEDULES, STATEMENTS? _____								