



The City of Raceland Employer's Return of License Fee Withheld



Company Name:	
Trade Name: (if different)	
Mailing Address:	
City, State, Zip:	
Street Address: (if different)	
City, State, Zip:	
Telephone:	

Make any address changes in the space above

Period Beginning:	
Period Ending:	
Due Date:	Quarterly

Number of Subject Employees:	
Gross Salary, Wages and Other Compensation paid to employees:	\$
Less Salary, Wages, and Other Compensation not subject to License Fee:	\$
Gross Salary, Wages and Other Compensation subject to License Fee:	\$
Multiply Line 4 by the Occupational License Fee – 1.0% (0.01):	\$
Adjustments from Prior Periods:	\$
IF FILED OR POST MARKED AFTER DUE DATE: Add 10% penalty and 8% interest Per Annum:	\$
TOTAL PAYMENT DUE:	\$

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE CORRECT

Signature: _____ Title: _____ Date: _____

Internal use only

Reconciled By: _____ Date: _____