

**CITY OF FRANKFORT, KENTUCKY
QUARTERLY INSURANCE PREMIUM LICENSE FEE RETURN
LICENSE FEE DIVISION**

PLEASE USE THIS FORM OR INDICATE ACCOUNT NO. ON YOURS

ACCOUNT NO.	FOR QUARTER ENDING	DUE ON/OR BEFORE

TO:

EMPLOYER IDENTIFICATION NUMBER

TELEPHONE NUMBER

LINE OF INSURANCE	(1) ESTABLISHED TAX RATE %	(2) PREMIUMS RECEIVED	(3) TAX PAYABLE (1) x (2)	(4) COLLECTION FEE RETAINED	(5) AMOUNT COLLECTED FROM POLICYHOLDERS
1ST QUARTER:					
CASUALTY	6%	_____	_____	_____	_____
FIRE & ALLIED PERILS	6%	_____	_____	_____	_____
HEALTH	6%	_____	_____	_____	_____
INLAND MARINE	6%	_____	_____	_____	_____
LIFE	6%	_____	_____	_____	_____
MOTOR VEHICLE	6%	_____	_____	_____	_____
_____		_____	_____	_____	_____
TOTAL:		_____	_____	_____	_____
2ND QUARTER:					
CASUALTY	6%	_____	_____	_____	_____
FIRE & ALLIED PERILS	6%	_____	_____	_____	_____
HEALTH	6%	_____	_____	_____	_____
INLAND MARINE	6%	_____	_____	_____	_____
LIFE	6%	_____	_____	_____	_____
MOTOR VEHICLE	6%	_____	_____	_____	_____
_____		_____	_____	_____	_____
TOTAL:		_____	_____	_____	_____
3RD QUARTER:					
CASUALTY	6%	_____	_____	_____	_____
FIRE & ALLIED PERILS	6%	_____	_____	_____	_____
HEALTH	6%	_____	_____	_____	_____
INLAND MARINE	6%	_____	_____	_____	_____
LIFE	6%	_____	_____	_____	_____
MOTOR VEHICLE	6%	_____	_____	_____	_____
_____		_____	_____	_____	_____
TOTAL:		_____	_____	_____	_____

4TH QUARTER:	(1) ESTABLISHED TAX RATE %	(2) PREMIUMS RECEIVED	(3) TAX PAYABLE (1) x (2)	(4) COLLECTION FEE RETAINED	(5) AMOUNT COLLECTED FROM POLICYHOLDERS
CASUALTY	6%				
FIRE & ALLIED PERILS	6%				
HEALTH	6%				
INLAND MARINE	6%				
LIFE	6%				
MOTOR VEHICLE	6%				
TOTAL:					

ANNUAL TOTALS:	(1) ESTABLISHED TAX RATE %	(2) PREMIUMS RECEIVED	(3) TAX PAYABLE (1) x (2)	(4) COLLECTION FEE RETAINED	(5) AMOUNT COLLECTED FROM POLICYHOLDERS
CASUALTY	6%				
FIRE & ALLIED PERILS	6%				
HEALTH	6%				
INLAND MARINE	6%				
LIFE	6%				
MOTOR VEHICLE	6%				
TOTAL:					

MAKE CHECK PAYABLE TO:

DIRECTOR OF FINANCE, CITY OF FRANKFORT

TOTAL \$ _____

MAIL ORIGINAL TO:

LICENSE FEE DIVISION, MUNICIPAL BUILDING
P.O. BOX 697
FRANKFORT, KY. 40602

INTEREST (KRS 131.010.6) _____

FOR INFORMATION CONCERNING THIS RETURN,
PLEASE CALL (502) 875-8504

TOTAL AMOUNT DUE \$ _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

(SIGNATURE)

(TITLE)

(DATE)