

PARIS INDIVIDUAL LICENSE TAX RETURN

FORM OLF-6

For taxable period beginning _____, and ending _____

(NAME, PLEASE PRINT)	OCCUPATION	SOCIAL SECURITY NUMBER
(NUMBER & STREET)	(CITY)	(COUNTY)
		(STATE)

1. Enter all wages, salaries, bonuses, commissions, and other compensation earned for work done or services performed.

EMPLOYER'S NAME & NUMBER WHERE EMPLOYED	GROSS INCOME	PARIS INCOME	PARIS TAX WITHHELD
	\$	\$	\$
2. ENTER TOTALS HERE.....	\$	\$	\$

3. Enter Total Paris Income (line 2)..... \$ _____

4. Enter one and one-half (1½%) of line 3..... _____

5. Enter Total Paris Occupational Tax Withheld as shown in line 2 above..... _____

6. If line 4 is greater than line 5 enter difference as ADDITIONAL TAX DUE..... _____

7. Penalty for late filing 10%..... _____

8. Interest of 1% per month..... _____

9. Total amount of tax due to be paid in full with this return (add lines 6, 7 & 8)..... _____

10. If line 5 is greater than line 4 enter difference to be REFUNDED..... _____

I declare under the penalties that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(SIGNATURE OF EMPLOYER)*	SIGNATURE OF TAXPAYER	DATE SIGNED
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*This return must be signed by your employer.