CITY OF AUGUSTA, KENTUCKY

QUARTERLY REPORT OF EARNINGS UNDER CITY ORDINANCE NO.

	DATE QTR. ENDED	PAGE NUMBER	OF	
Type or print in this space employer's name and address of Principal place of business				

EMPLOYEES SOCIAL SECURITY NO.	NAME OF EMPLOYEE (Please type or print)	EARNINGS PAID To Employee during Qtr. Before deductions	
:			
•			
TOTALS FOR THIS PAGE	Taxable wages and number of employee.	\$	Total # of Employees