

**Reconciliation of License fee withheld
TO BE FILED WITH 4TH QUARTER DUE JAN. 31**

Year end _____
The City of Campbellsville

Employer's Name, Address, & Account Number

DIRECTIONS

Enter under TOTAL PAYROLL the quarterly totals of all compensation paid to employees. Deduct any payments for services performed outside Taylor County, enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL Includes **ALL** compensation, i.e. Vacation and Holiday pay, etc.

THIS RECONCILIATION MUST ACCOMPANY COPIES OF W-2 FORMS, 1099 FORMS AS WELL AS FEDERAL W-3 TRANSMITTAL

	<u>TOTAL PAYROLL</u>	<u>SUBJECT PAYROLL</u>	<u>LICENSE FEE WITHHELD</u>
1. 1 ST Quarter ended March 31 _____.	_____.	_____.	_____.
2. 2 ND Quarter ended June 30 _____.	_____.	_____.	_____.
3. 3 RD Quarter ended Sept. 30 _____.	_____.	_____.	_____.
4. 4 TH Quarter ended Dec. 31 _____.	_____.	_____.	_____.
5. TOTAL ALL QUARTERS			\$ _____.
6. Actual withholdings remitted for the year on Quarterly Forms.....			\$ _____.
7. Adjustments due for incorrect withholdings			\$ _____.
8. Total Withholdings			\$ _____.
9. If line 7 is completed, check applicable block below.			
☐ Minor Difference attributable to fractional variation only (no adjustment due).			
☐ Difference indicates insufficient total remittance for the year. Full explanation for payment adjustment is attached. Payment enclosed.			
☐ Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund attached.			
10. Number of Employees _____.			

SIGNATURE

TITLE

DATE

***ALL RETURNS MUST BE SIGNED

MAIL TO:

Taylor County / Campbellsville
Division of Occupational License
203 North Court Street, Suite 10
Campbellsville, KY 42718

Need help?
Office: (270) 465-9760
occtax@taylorcounty.us