RECONCILIATION OF LICENSE FEE WITHHELD DURING YEAR ENDED_____ CITY OF CAMPBELLSVILLE, KY OR TAYLOR COUNTY, KY TO BE FILED WITH YEAR ENDING STATEMENT

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 <u>ALL</u> 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

		TOTAL PAYROLL	SUBJECT PAYROLL	LICENSE FEE WITHHELD
1.	1 ST Quarter ended March	31	·	·
2.	2 ND Quarter ended June 3	0		
3.	3 RD Quarter ended Sept. 3	0	·	
4.	4 TH Quarter ended Dec. 31	L•	··	·
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 FISCAL COURT CITY OF CAMPBELLSVILLE DIVISION OF OCCUPATIONAL LICENSE 203 N. COURT STREET, SUITE 10 P.O. BOX 529 CAMPBELLSVILLE, KY 42719-0529

FOR MORE INFORMATION, PLEASE CALL 270-465-9760