

**RECONCILIATION OF LICENSE FEE WITHHELD
DURING YEAR ENDED _____**

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 **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.			
<input type="checkbox"/> Minor Difference attributable to fractional variation only (no adjustment due).			
<input type="checkbox"/> Difference indicates insufficient total remittance for the year. Full explanation for payment adjustment is attached. Payment enclosed.			
<input type="checkbox"/> 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
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