

CITY OF HORSE CAVE
121 Woodlawn Ave • PO Box 326 • Horse Cave, KY 42749
☎ (270) 786 2680 • 📠 fax (270) 786 2688

EMPLOYEE PAYROLL TAX ANNUAL RECONCILIATION

Name
Address
City, St ZIP

DUE
FEBRUARY 28, 201__

ANNUAL RECONCILIATION MUST BE COMPLETED AND RETURNED

- | | |
|---|-------------------------------|
| 1. NUMBER OF TOTAL EMPLOYEES FOR THE YEAR | \$ _____ |
| 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND
OTHER COMPENSATION PAID | \$ _____ |
| 3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE
OF THE CITY OF HORSE CAVE OR ANY ADJUSTMENTS
(Explain in space provided at the bottom of the page) | \$ _____ |
| 4. TAXABLE EARNING (ITEM 2 MINUS ITEM 3) | <u>\$ _____</u> |
| 5. ACTUAL TAX DUE FOR 201__ AT 1% (.01) | \$ _____ |
| 6. TOTAL EMPLOYEE LICENSE TAX WITHHELD
AS SHOWN ON ATTACHED WITHHOLDING STATEMENT | \$ _____ |
| 7. PAYMENTS BY QUARTER: | |
| 1 ST QUARTER _____ | |
| 2 ND QUARTER _____ | |
| 3 RD QUARTER _____ | |
| 4 TH QUARTER _____ | |
| 8. TOTAL QUARTERLY PAYMENTS _____ | (Line 8 should equal Line 6.) |

I declare under penalties of perjury that this reconciliation to the best of my knowledge and belief is true, correct and complete.

SIGNED _____ Title _____ Date _____

Attach this form to the fourth Quarter Return (If Applicable) and return to the address above. Please make a copy of this form for your records. Please include copies of W-2 or list of employees with wages earned within the city limits of Horse Cave, Ky.

*Explanation of Adjustments on Line 3 _____
If there are any questions please call or email us at the numbers above.