

CITY OF VANCEBURG
CITY CLERK
 189 2nd St., Suite A
 Vanceburg, KY 41179
 Phone: 606/796-3044
 Fax: 606/796-6096

ANNUAL RECONCILIATION OF LICENSE FEE WITHHELD

FOR THE YEAR ENDED _____

To be filed by February 28th.

BUSINESS: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP CODE: _____
TELEPHONE NUMBERS: Business: _____
Fax: _____
ACCOUNT NUMBER _____

MAKE CHECKS PAYABLE TO: CITY OF VANCEBURG
189 2ND ST., SUITE A, VANCEBURG, KY 41179

		TOTAL PAYROLL	SUBJECT PAYROLL				LICENSE FEE PAID
1.	January			X	1%	=	
2.	February			X	1%	=	
3.	March or 1st Qtr.			X	1%	=	
4.	April			X	1%	=	
5.	May			X	1%	=	
6.	June or 2nd Qtr.			X	1%	=	
7.	July			X	1%	=	
8.	August			X	1%	=	
9.	September or 3rd Qtr.			X	1%	=	
10.	October			X	1%	=	
11.	November			X	1%	=	
12.	December or 4th Qtr.			X	1%	=	
13.	TOTAL YEAR			X	1%	=	

14.	Actual License Fee withheld per W-2's (attach a copy of W-2 for each employee, 1099's & Form 1096)	
15.	Enter the Larger of Line 13 or Line 14.	\$ -
16.	Actual License Fee remitted for the year on Form "City of Vanceburg Employer's Return of License Fee Withheld"	
17.	Difference between lines 15 and 16 (if any, check applicable box below)	\$ -
	<input type="checkbox"/> Minor difference attributable to fractional variations only (no adjustment due).	
	<input type="checkbox"/> Difference indicates insufficient total remittance for year. Payment attached.	
	<input type="checkbox"/> Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.	
18.	Number of Employees	

Signature: _____ **Title:** _____ **Date:** _____

FOR INTERNAL USE ONLY

Reconciled By: _____ **Date:** _____