

Perry County, Kentucky Reconciliation of License Fee Withheld

During Year Ended <u>12/31/2019</u> TO BE FILED BY 02 / 28 / 2020 YOU MUST FILE THIS RETURN IF YOU PAID PERRY COUNTY WAGES DURING THE YEAR LISTED ABOVE.	Mail To: PERRY COUNTY OCCUPATIONAL TAX 481 MAIN STREET SUITE 203 HAZARD, KY 41701
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Account Number _____ Name and Address (Indicate any change in ownership, name or address) _____ Federal I.D. Number _____

	COLUMN A Total Wages	COLUMN B Subject Wages	COLUMN C Tax Paid
1st Quarter	\$ _____	\$ _____	\$ _____
2nd Quarter	\$ _____	\$ _____	\$ _____
3rd Quarter	\$ _____	\$ _____	\$ _____
4th Quarter	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

NUMBER OF EMPLOYEES
AND W-2'S ATTACHED _____

- | | |
|---------------------------------|----------|
| 1. TOTAL TAX WITHHELD PER W-2'S | \$ _____ |
| 2. UNDERPAYMENT | \$ _____ |
| 3. ADJUSTMENTS | \$ _____ |
| 4. BALANCE DUE | \$ _____ |

Minor differences due to fractional variations or rounding only.

PAYMENT NOT REQUIRED IF LESS THAN \$1.00

NO REFUND OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM. YOU MUST SUBMIT AN AMENDED RETURN WITH A COPY OF THE ORIGINAL RETURN FOR ANY QUARTER THAT HAS BEEN OVERPAID

YOU MUST INCLUDE A TOTALED EMPLOYEE LISTING OR COPIES OF W-2'S AND W-3

THE LISTING MUST INCLUDE THE FOLLOWING INFORMATION: EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER, GROSS WAGES, PERRY WAGES, PERRY COUNTY OCCUPATIONAL TAX WITHHELD.

IF YOU HAVE ANY QUESTIONS PLEASE CALL 606-436-0803