Please mail original employees W-2’s with this reconciliation form

# Perry County, Kentucky Reconciliation of License Fee Withheld

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| --- | --- |
| During Year Ended 12 /31 / 2018  TO BE FILED BY 02 / 28 / 2019  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 275  HAZARD, KY 41701 |

Account Number Name and Address (Indicate any change in ownership, name or address) Federal I.D. Number

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| --- | --- | --- | --- |
|  | **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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Minor differences due to fractional variations or rounding only.* 3. ADJUSTMENTS $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. BALANCE DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**