



CITY OF LEITCHFIELD, KENTUCKY
P.O. BOX 398, LEITCHFIELD, KY 42754

FEDERAL ID#: _____

RECONCILIATION OF LICENSE FEE WITHHELD

During year end _____

Employer's Name & Address:

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS

Under TOTAL PAYROLL list the quarterly totals of all compensation paid to all employees. Deduct any payments for services performed outside of the city limits of Leitchfield and enter balances in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e. vacation and holiday pay, tips and gratuities.

Enter on reverse side for each subject employee the SSN, name, address and zip code, total compensation paid, and amount of Leitchfield Occupational Fee withheld. Attach additional sheets of this size if space available is inadequate. Employers desiring to submit copies of W2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W2 Forms, complete this reconciliation and attach it to the top of the stack.

Table with 3 columns: TOTAL PAYROLL, SUBJECT PAYROLL, LICENSE FEE DUE. Rows include 1st-4th Quarter, Total year, Actual License Fee Withheld per W-2s, Enter the Larger of line 5 or line 6, Actual License Fee remitted for the Year on Quarterly Returns, and Difference between line 7 and 8.

Number of employees: _____

Signature

Title

Date

USE REVERSE SIDE FOR EMPLOYEE LISTING

