



**ANNUAL RECONCILIATION OF PAYROLL LICENSE FEES WITHHELD**  
For the Year Ended December 31, \_\_\_\_\_

Check if Address Has Changed Account # \_\_\_\_\_

Business Name \_\_\_\_\_ Phone: (    )    -

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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- 1. Total Gross Salaries, Wages and Other Compensation Paid during the Year \$ \_\_\_\_\_
- 2. Less Compensation Paid for Services Outside the City \$ \_\_\_\_\_
- 3. Taxable Compensation (line 1 minus line 2) \$ \_\_\_\_\_
- 4. License Fees Due (line 3 x 1.5%) \$ \_\_\_\_\_
- 5. License Fees Remitted with Quarterly Returns:
  - A. Quarter Ended March 31<sup>st</sup> \_\_\_\_\_
  - B. Quarter Ended June 30<sup>th</sup> \_\_\_\_\_
  - C. Quarter Ended September 30<sup>th</sup> \_\_\_\_\_
  - D. Quarter Ended December 31<sup>st</sup> \_\_\_\_\_

Total Fees Remitted (lines A thru D) \$ \_\_\_\_\_
- 6. Difference (Line 4 minus line 5)-**If any, check applicable box below** \$

- Minor difference due to fractional variations only -- **No adjustment needed**
  - Difference indicates an underpayment -- **Payment enclosed**
  - Difference indicates an overpayment -- **An amended return for the period overpaid must be filed separately with a letter of explanation.**
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- 7. License Fees Due (from line 4 above) \$ \_\_\_\_\_
  - 8. Actual License Fees Withheld per Box 19 of W-2's \$ \_\_\_\_\_
  - 9. Difference (line 7 minus line 8)-**Please attach explanation of any difference** \$
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The original of this reconciliation along with a copy of the W-2's must be filed with the City of Nicholasville on or before February 28<sup>th</sup> to the following address:

City of Nicholasville, P.O. Box 590, Nicholasville, KY 40340-0590  
Telephone: (859) 885-7618 Fax (859) 881-0750

I hereby certify that this information is true and correct:

\_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date