

GARRARD COUNTY 2017 RECONCILIATION OF LICENSE FEES WITHHELD

MAIL TO GARRARD COUNTY OCCUPATIONAL TAX ADMINISTRATOR
P.O. BOX 595 LANCASTER KY 40444

TO BE FILED BY FEBRUARY 28 OR WITH THE FINAL QUARTERLY RETURN
OF THE CLOSING OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION

ACCOUNT # _____

EMPLOYER'S NAME, _____

ADDRESS _____

	PAYROLL	LICENSE FEE WITHHELD
1. 1 ST QUARTER ENDED MAR. 31 \$ _____	X 1.50%	\$ _____
2. 2 ND QUARTER ENDED JUNE. 30 \$ _____	X 1.50%	\$ _____
3. 3 RD QUARTER ENDED SEPT 30 \$ _____	X 1.50%	\$ _____
4. 4 TH QUARTER ENDED DEC 31 \$ _____	X 1.50%	\$ _____
5. TOTAL ALL QUARTERS	\$ =====	\$ =====
6. ACTUAL WITHHOLDING REMITTED FOR THE YEAR _____		
7. DIFFERENCE BETWEEN LINES 5 AND 6 (if any, check applicable box below) _____		
MINOR DIFFERENCE ATTRIBUTABLE TO FRACTIONAL VARIATIONS ONLY (NO ADJUSTMENT DUE)		
DIFFERENCE INDICATES INSUFFICIENT TOTAL REMITTANCE FOR YEAR. PAYMENT ATTACHED		
DIFFERENCE INDICATES OVERPAYMENT NOT ATTRIBUTABLE TO FRACTIONAL VARIATIONS, EXPLANATION AND LETTER REQUESTING REFUND ATTACHED		
8. NUMBER OF EMPLOYEES _____		

ADDRESS & SOCIAL SECURITY NUMBER OF EMPLOYEES	SIGNATURE	TITLE	DATE
		TOTAL EARNINGS FOR THE YEAR	LICENSE FEE WITHHELD
EMPLOYERS MAY SUBMIT W2 FORMS IN LIEU OF LIST			