

**GARRARD COUNTY
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 2%	\$ _____
2. 2 ND QUARTER ENDED JUNE. 30	\$ _____ X 2%	\$ _____
3. 3 RD QUARTER ENDED SEPT 30	\$ _____ X 2%	\$ _____
4. 4 TH QUARTER ENDED DEC 31	\$ _____ X 2%	\$ _____
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 _____

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