## CITY OF HORSE CAVE

121 Woodlawn Ave  PO Box 326  Horse Cave, KY 42749

 (270) 786 2680   fax (270) 786 2688

EMPLOYEE LICENSE TAX ANNUAL RECONCILIATION

**DUE**

**FEBRUARY 28, 20\_\_**

**Name**

**Address**

**City, State ZIP+4**

ANNUAL RECONCILIATION MUST BE COMPLETED AND RETURNED

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| 1. NUMBER OF TOTAL EMPLOYEES FOR THE YEAR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND  OTHER COMPENSATION PAID $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF THE CITY OF HORSE CAVE OR ANY ADJUSTMENTS $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. TAXABLE EARNING (ITEM 2 MINUS ITEM 3) **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**5. ACTUAL TAX DUE FOR 202\_\_ AT 1% (.01) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6. TOTAL EMPLOYEE LICENSE TAX WITHHELD AS SHOWN ON ATTACHED WITHHOLDING STATEMENT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_7. ACTUAL PAYMENTS BY QUARTER: 1ST QUARTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2ND QUARTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3RD QUARTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4TH QUARTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. TOTAL PAYMENT MADE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does line 8 equal line 6? If yes, no further action necessary.  If line 6 is larger than line 8, attach a check for the difference $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If line 8 is larger than line 6, enter the credit due on your next quarter $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I declare under penalties of perjury that this reconciliation to the best of my knowledge and belief is true, correct and complete. |
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SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please make a copy of this form for your records. Please include copies of W-2 or list of employees with wages earned within the city limits of Horse Cave, Ky.

If there are any questions please call or email us at horsecave@hotmail.com