

Reconciliation of License Fee Withheld

During Year Ended ____/____/____

TO BE FILED WITH THE 4th QUARTER'S RETURN BY ____/____/____
OR WITH THE FINAL QUARTERLY RETURN OF THE CLOSING
OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION.

*Prepare In Duplicate
Mail Original To:*

MCCRACKEN COUNTY
TAX ADMINISTRATOR

P O BOX 2658
PADUCAH KY 42002-2658

EMPLOYER'S NAME AND ADDRESS

Account Number

Federal I.D. Number

Phone Number

TOTAL NUMBER OF EMPLOYEES FOR THE YEAR

ANNUAL RECONCILIATION

(1) Total Wages Paid For The Year	\$	
(2) Total License Fee Withheld For The Year	\$	

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments		COLUMN C Total For Year
January				
Febuary				
March		\$	1st	
April				
May				
June		\$	2nd	
July				
August				
September		\$	3rd	
October				
November				
December		\$	4th	
(3)	(Line 3 Must Equal Line 2)			\$