

Please mail original employees' W-2's with this reconciliation form

Crittenden County, Kentucky Reconciliation of License Fee Withheld

During Year Ended _____

To Be Filed By Feb 28

Mail To:
Crittenden County Fiscal Court
107 South Main Street
Suite 208
Marion, KY 42064

YOU MUST FILE THIS RETURN IF YOU PAID CRITTENDEN COUNTY WAGES DURING THE YEAR LISTED ABOVE

Account Number Name and Address (Indicate any change in ownership, name, or address) Federal I.D. Number

	COLUMN A Total Wages	COLUMN B Subject Wages	COLUMN C Tax Paid
1st Quarter			
2nd Quarter			
3rd Quarter			
4th Quarter			
TOTAL			

NUMBER OF EMPLOYEES AND W-2's ATTACHED _____

- 1. TOTAL TAX WITHHELD PER W-2's \$ _____
- 2. UNDERPAYMENT \$ _____
- Minor differences due to fractional variations or rounding only* 3. ADJUSTMENTS \$ _____
- 4. BALANCE DUE \$ _____

PAYMENT NOT REQUIRED IF LESS THAN \$1.00

NO REFUND OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM. YOU MUST SUBMIT AN AMENDED RETURN WITH A COPY OF THE ORIGINAL RETURN FOR ANY QUARTER THAT HAS BEEN OVERPAID

YOU MUST INCLUDE A TOTALED EMPLOYEE LISTING OR COPIES OF W-2's AND W-3

THE LISTING MUST INCLUDE THE FOLLOWING INFORMATION: EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER, GROSS WAGES, CRITTENDEN COUNTY WAGES, CRITTENDEN COUNTY OCCUPATION TAX WITHHELD.

IF YOU HAVE ANY QUESTIONS PLEASE CALL 270-965-5251