

KENTON COUNTY & CITIES, KENTUCKY

ANNUAL RECONCILIATION OF PAYROLL LICENSE FEES WITHHELD

For Year Ending: _____

W-2 forms MUST accompany this reconciliation. See instructions on reverse.

TYPE OR PRINT EMPLOYER NAME & ADDRESS:

ACCOUNT #: _____

FEDERAL EMPLOYER ID#: _____

PREPARER SIGNATUR & TITLE: _____

X _____

Date: _____ Phone: _____

SECTION A. FEES REMITTED

QUARTER ENDING	KENTON COUNTY	CITY: _____
MAR 31	\$ _____	\$ _____
JUN 30	_____	_____
SEP 30	_____	_____
DEC 31	_____	_____
TOTAL FEES REMITTED	\$ _____	\$ _____
	(To Line 6 BELOW)	(To Line 6 BELOW)

SECTION B. RECONCILIATION

	KENTON COUNTY	CITY: _____
1. Total Gross Compensation Paid to Employees	\$ _____	\$ _____
2. Total Excluded Compensation Paid in Excess of Maximum Taxable per Employee	_____	_____
3. Taxable Compensation (Subtract total in Line2 from Total in Line1.)	_____	_____
4. Total withholding Fees Due (Multiply Line3 by Tax Rate for Jurisdiction.)	_____	_____
5. Total Fees Withheld per W-2s	_____	_____
6. ENTER TOTAL FEES REMITTED FOR TAX YEAR FROM SECTION A ABOVE	_____	_____
7. DIFFERENCE between Lines 6 and 4 (if any, check applicable box below.)	\$ _____	\$ _____

If **Difference** is less than \$5.00, nothing is to be paid or refunded.

Difference shows insufficient remittance for year. **PAYMENT ATTACHED**

Difference indicates overpayment not due to fractional variations.
EXPLANATION AND CLAIM FOR REFUND IS ATTACHED

Reconciliation and W-2s must be received by February 28th. MAIL W-2 COPIES TOGETHER WITH THIS FORM TO: KENTON COUNTY FISCAL COURT 303 COURT ST RM311 COVINGTON KY 41011.

**INSTRUCTIONS FOR ANNUAL RECONCILIATION OF EMPLOYER
QUARTERLY WITHHOLDING**
**MAIL W-2 COPIES TOGETHER WITH ANNUAL RECONCILIATION FORM SEPARATELY FROM
4TH QUARTER RETURN. SEE MAILING ADDRESS BELOW.**

GENERAL INFORMATION:

Each employer shall on or before February 28 of each year complete and file an Annual Reconciliation of Employer Quarterly Withholding. Either copies of federal Forms W-2 or a detailed employee listing with equivalent information must be submitted. Each employer shall furnish each employee a statement on or before January 31 of each year showing the amount of compensation and the license fees deducted and paid by said employer during the preceding calendar year.

All employers must file this Annual Reconciliation regardless of when their payroll ceased during the year.

IN THE BOX PROVIDED, PRINT THE EMPLOYER NAME, ADDRESS, KENTON COUNTY TAX ACCOUNT NUMBER, AND FEDERAL EMPLOYER IDENTIFICATION NUMBER.

PREPARER SHALL SIGN AND DATE THE RECONCILIATION AND PROVIDE HIS/HER TITLE AND PHONE NUMBER.

MAKE A PHOTOCOPY OF THE BLANK RECONCILIATION FORM IF YOU ARE REPORTING FEES PAID TO MORE THAN ONE CITY IN KENTON COUNTY.

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS:

SECTION A. Enter the total Payroll Withholding Fees paid for each quarter of the tax year for each jurisdiction.

Use additional sheets as necessary to report compensation paid for more than one city in Kenton County.

ENTER THE TOTAL AMOUNT REMITTED ALSO ON LINE 6 IN SECTION B.

SECTION B.

LINE 1: "TOTAL GROSS COMPENSATION TO EMPLOYEES." Enter the total gross compensation for all employees for Kenton County and each City. Deduct any compensation for services performed outside of Kenton County. Use additional sheets as necessary to report compensation paid for more than one city in Kenton County.

LINE 2: "TOTAL EXCLUDED COMPENSATION PAID IN EXCESS OF MAXIMUM TAXABLE." Enter the compensation to employees in excess of the Maximum Wage Limit per Individual for each employee for the calendar year.

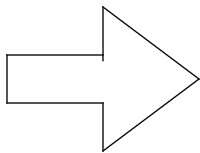
LINE 3: "TAXABLE COMPENSATION." The amount of compensation subject to tax. Subtract Line 2 from Line 1.

LINE 4: "TOTAL WITHHOLDING FEES DUE." Multiply the result in Line 3 by the payroll withholding rate for Kenton County and each City.

LINE 5: "TOTAL FEES WITHHELD PER W-2s." Enter the total amount of fees withheld shown in the W-2 listing for Kenton County and each City.

LINE 6: "TOTAL FEES REMITTED FOR TAX YEAR." Enter result from Section A for Kenton County and each City.

LINE 7: "DIFFERENCE BETWEEN LINES 6 AND 4." Enter the difference for Kenton County and each City. Check the appropriate box explaining any differences. **ATTACH ANY REMITTANCE BALANCE DUE (Not necessary if balance due is less than \$5.00).** No refunds or credit will result from entries made on this form. Submit a copy of the original quarterly return, marked "Amended Return" and show the corrected withholding amounts, for any quarter that has been overpaid. Call the occupational license office with questions.



**Mail completed reconciliation with attachments and any remittance to:
KENTON COUNTY FISCAL COURT
303 Court St Rm311
Covington KY 41011**

If you have questions about the forms and instructions, contact:

Kenton County Fiscal Court Occupational License Office: 303 Court St., Room 311, Covington, KY 41011.

Phone: (859) 392-1440 **Fax:** (859) 392-1459

(All tax forms are available from the website)