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|  | City of Dayton, Kentucky514 Sixth Avenue, Dayton, Kentucky 41074Phone (859) 491-1600 Fax: (859) 491-3538Website: www.DaytonKY.com |

EMPLOYERS’ ANNUAL PAYROLL RECONCILIATION FORM

IMPORTANT: Enclose copies of Federal Forms W-2 and W-3, Transmittal of Wage and Tax Statements, or a Detailed Employee Listing with the Required Equivalent Information – DUE FEBRUARY 28TH

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| I. BUSINESS INFORMATION: |
| **Name of Business:**  |  |
| **Business Address:** |  |
| **Employer ID #** (EIN or SSN)**:** |  | **Business Telephone #:** |  |
| **Date Taxable Year Ended:** |  | **Email Address:** |  |
| **Type of Business:** | **[ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietorship** |
| **Principal Business Activity:** |  |
| **# of Employees:** |  | **Contact Person (Name and Telephone):** |  |
| **Owners/ Partners/ Corporate President Name, Address, Phone #, DOB, and SSN:** |  |
| **II. WITHHOLDING PAYMENT SCHEDULE – MONTHLY OR QUARTERLY** |
| January: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | April: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | July: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | October: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| February: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | May: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | August: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | November: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| March: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | June: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | September: \_\_\_\_\_\_\_\_\_\_\_\_ | December: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1st Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2nd Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3rd Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4th Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of Employees as of 12/31: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total Payments: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **II. FEE COMPUTATION** |
| 1) Total Wages, Tips, Other Compensation per Box 1of Federal Form W-2 or W-3 |  |
| 2) Add Deferred Compensation Contributed by Employees |  |
| 3) Add Welfare Benefit, Fringe Benefit, or Other Benefit Plan Payments Contributed by an Employee |  |
| 4) Total Gross Compensation (Add Lines 1 through Line 3) |  |
| 5) Less Total Gross Compensation Paid for Service Outside City. |  |
| 6) Taxable Compensation (Subtract Line 5 from Line 4) |  |
| 7) Occupational License Fee (LIN'E 6 X 2.0%) |  |
| 8) Total Payments previously remitted for fiscal year. |  |
| 9) Balance Due |  |
| 10) Penalty @ 5% per month or portion thereof, not to exceed 25%, minimum $25 |  |
| 11) Interest @ 1% per month from Due Date |  |
| 12) TOTAL AMOUNT DUE |  |
| 13) Overpayment Claimed (If Line 8 Exceeds Line 7) Mark desired outcome: [ ] Credit to next year estimate payment or [ ] refund  |  |
| III. ACKNOWLEDGEMENT & SIGNATURE: |
| **\*IMPORTANT\* Attached Federal Return forms.**RETURN MUST BE SIGNED – I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, complete and to the best of my knowledge.Signature of PREPARER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of LICENSEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |