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|  | City of Dayton, Kentucky  514 Sixth Avenue, Dayton, Kentucky 41074  Phone (859) 491-1600 Fax: (859) 491-3538  Website: www.DaytonKY.com |

EMPLOYERS’ ANNUAL PAYROLL WITHHOLDING 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)**:** | |  | | | |
| **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 and Portion of Earnings over FICA Maximum | | | |  | |
| 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 pymt 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |