

City of Elkton, Kentucky

PO Box 578 · 71 Public Square

Elkton, Kentucky 42220

www.elktonky.com

Ph: 270-265-9877 · Fx: 270-265-5816 · E-mail: cityhall@elktonky.com

Annual Reconciliation of Occupational License Tax on Wages and Compensation

Business Name _____

Mailing Address _____

Contact Name _____ Title _____ Phone Number _____

For the Year: _____

This return must be filed whether you had employees or not during this period.

1. Total Gross Salaries, Wages, Commissions, Tips and other Compensation Paid for the Year..... _____

2. Less Earnings for Services Rendered Outside of Elkton..... _____

3. Total Taxable Earnings (Line 1 minus Line 2)..... _____

4. Total License Fee Due (Line 3 x 2.0%)..... _____

5. Total License Fee Paid monthly or quarterly:

Jan _____ April _____ July _____ Oct _____

Feb _____ May _____ Aug _____ Nov _____

Mar _____ June _____ Sep _____ Dec _____

OR

1st Qtr _____ 2nd Qtr _____ 3rd Qtr _____ 4th Qtr _____

Total License Fee Paid for Line 5..... _____

6. Difference Between Totals on line 4 and line 5..... _____

Difference indicates an underpayment for the year. If underpayment is greater than \$2.00, please enclose payment.

Difference indicates an overpayment for the year. Adjustment will be made on next Withholding Return in the amount of \$ _____.

This form is due by February 28th. Please attach a copy of the total page from W-2 forms (W-3) and copies of W-2s. In lieu of copies of W-2s, a payroll register or listing that indicates employee name, gross wages, salaries and other compensations paid and taxes withheld for the year for each employee will be accepted. If these items are not attached, the report will not be considered complete and penalties may apply.

I hereby certify that this information and statements contained herein or attached hereto are true and correct.

Name

Title

Date