

THE CITY OF PADUCAH

ANNUAL RECONCILIATION OF EMPLOYERS QUARTERLY RETURN OF OCCUPATIONAL LICENSE FEES WITHHELD AND INDIVIDUAL EMPLOYEE STATEMENT

CHECK IF CHANGED				
Name				
Address				
City Federal ID	State Phone	ZIP	 Fxt	
NOTE: NO REFUNDS OR CRED ON THIS FORM. A REFUND RE	OIT WILL RESULT FROM ENTE	RIES MADE	ACCOUNT NUMBER	YEAR
QUARTER ENDING 1. MARCH 31 ST	AMOUNT THAT SHO	ULD		
2. JUNE 30 TH				
3. SEPTEMBER 30 TH				
4. DECEMBER 31 ST				
5. TOTAL QUARTERLY TAXES THAT S	SHOULD HAVE BEEN PAID (Sum o	of Lines 1 - 4)		
6. TOTAL TAXES WITHHELD PER SCH	HEDULE OF EMPLOYEES' WAGES	ATTACHED		
7. DIFFERENCE BETWEEN LINE 5 & L	INE 6			
			L	
ALITHODIZED SIGNATURE		=		

INSTRUCTIONS FOR ANNUAL RECONCILIATION OF WITHHOLDING TAXES

Employee's federal W2s <u>OR</u> employer's federal W3 forms should be attached to this reconciliation. (W-3 PREFERRED) Wage and Tax Statements should be submitted for only those employees that earned wages while working in the city limits of Paducah, Kentucky. If additional tax is owed (Line 7), a check for the additional payment must be attached. Do not include the payment with your 4th quarter return.

This reconciliation form must be filed with the City of Paducah, 300 S. 5th Street, Paducah, Kentucky 42002.

MAILING ADDRESS: P.O. BOX 9001241 • LOUISVILLE, KENTUCKY 40290-1241 TELEPHONE: (270) 444-8513 • revenue@paducahky.gov