

FRANKLIN COUNTY

Mail to: Franklin County Occupational Tax Collector, P.O. Box 594, Frankfort, Kentucky 40602

Reconciliation of License Fees Withheld

To Be Filed With The 4th Quarter's Return Or With The Final
Quarterly return Of The Closing Of Any Business Either By Sale or Dissolution.

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS

Enter under TOTAL PAYROLL the quarterly totals of all compensation paid all employees. Deduct any payments for services performed inside City of Frankfort and outside Franklin County and enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e., Vacation and Holiday pay, tips and gratuities.

Enter below for each employee, the Social Security Number, name and address, and zip code, total compensation paid and amount of Franklin County license fee withheld. Continue on reverse side. Attach additional sheets of the same size if space requirements are inadequate. Employers desiring to submit copies of W2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W2 forms, complete this reconciliation (FC-Form 4) and attach it to the top of the stack. An adding machine tape, listing the amount of license fee withheld as indicated by individual employee's statements, should be attached.

	TOTAL PAYROLL	SUBJECT PAYROLL		LICENSE FEE WITHHELD
1. 1st Quarter ended Mar 31	\$	\$	X 1% -	\$
2. 2nd Quarter ended June 30	\$	\$	X 1% -	\$
3. 3rd Quarter ended Sept. 30	\$	\$	X 1% -	\$
4. 4th Quarter ended Dec. 31	\$	\$	X 1% -	\$
5. TOTAL ALL QUARTERS.....	\$	\$		\$
6. Actual withholdings remitted for the year on FC-Form Q2				\$
7. Difference between lines 5 and 6 (if any, check applicable box below)				\$

- Minor difference attributable to fractional variations only (no adjustment due)
- Difference indicates insufficient total remittance for year. Check in payment attache
- Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attache

8. Number of employees _____

	Signature	Title	Date
NAME, ADDRESS & SOCIAL SECURITY NUMBER OF EMPLOYEE	TOTAL EARNINGS FOR THE YEAR	LICENSE FEE WITHHELD	
If report is completed on this page, total here			

(USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED)