

**CITY OF VANCEBURG**  
**CITY CLERK**  
 189 2nd St., Suite A  
 Vanceburg, KY 41179  
 Phone: 606/796-3044  
 Fax: 606/796-6096

## ANNUAL RECONCILIATION OF LICENSE FEE WITHHELD

FOR THE YEAR ENDED \_\_\_\_\_

*To be filed by February 28th.*

**BUSINESS:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBERS: Business:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: CITY OF VANCEBURG**  
**189 2ND ST., SUITE A, VANCEBURG, KY 41179**

		TOTAL PAYROLL	SUBJECT PAYROLL				LICENSE FEE PAID
1.	January			X	1%	=	
2.	February			X	1%	=	
3.	March or 1st Qtr.			X	1%	=	
4.	April			X	1%	=	
5.	May			X	1%	=	
6.	June or 2nd Qtr.			X	1%	=	
7.	July			X	1%	=	
8.	August			X	1%	=	
9.	September or 3rd Qtr.			X	1%	=	
10.	October			X	1%	=	
11.	November			X	1%	=	
12.	December or 4th Qtr.			X	1%	=	
13.	<b>TOTAL YEAR</b>			X	1%	=	

14.	Actual License Fee withheld per W-2's (attach a copy of W-2 for each employee, 1099's & Form 1096)	
15.	Enter the Larger of Line 13 or Line 14.	\$ -
16.	Actual License Fee remitted for the year on Form "City of Vanceburg Employer's Return of License Fee Withheld"	
17.	Difference between lines 15 and 16 (if any, check applicable box below)	\$ -
	<input type="checkbox"/> Minor difference attributable to fractional variations only (no adjustment due).	
	<input type="checkbox"/> Difference indicates insufficient total remittance for year. Payment attached.	
	<input type="checkbox"/> Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.	
18.	Number of Employees	

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR INTERNAL USE ONLY**

**Reconciled By:** \_\_\_\_\_ **Date:** \_\_\_\_\_