

Clay County, Kentucky Reconciliation of License Fee Withheld

During Year Ended (m/d/yyyy):

TO BE FILED BY: February 28,

YOU MUST FILE THIS RETURN IF YOU PAID CLAY COUNTY WAGES DURING THE YEAR LISTED ABOVE.

Mail To:

CLAY COUNTY
OCCUPATIONAL TAX
PO BOX 157
MANCHESTER KY 40962

Account Number

Federal I.D. Number

Name & Address

	COLUMN A Total Wages	COLUMN B Subject Wages	COLUMN C Tax Paid
January	\$	\$	\$
February	\$	\$	\$
March (1st qtr)	\$	\$	\$
April	\$	\$	\$
May	\$	\$	\$
June (2nd qtr)	\$	\$	\$
July	\$	\$	\$
August	\$	\$	\$
September (3rd qtr)	\$	\$	\$
October	\$	\$	\$
November	\$	\$	\$
December (4th qtr)	\$	\$	\$
Totals	\$	\$	\$

NUMBER OF EMPLOYEES AND W2 FORMS ATTACHED _____

1. TOTAL TAX WITHHELD PER W2 FORMS \$ _____

2. UNDERPAYMENT \$ _____

Minor differences due to fractional variations or rounding only.

3. OVERPAYMENT \$ _____

Payment not required if less than \$1.00.

4. BALANCE DUE \$ _____

NO REFUND OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM. YOU MUST SUBMIT AN AMENDED RETURN WITH A COPY OF THE ORIGINAL RETURN FOR ANY PERIOD THAT HAS BEEN OVERPAID

YOU MUST INCLUDE A TOTALED EMPLOYEE LISTING OR COPIES OF W2 FORMS AND W3.

THE LISTING MUST INCLUDE THE FOLLOWING INFORMATION: EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER, GROSS WAGES, CLAY COUNTY WAGES, CLAY COUNTY OCCUPATIONAL TAX WITHHELD.