MAYBERRY COUNTY, KENTUCKY RECONCILIATION OF LICENSE FEE WITHHELD

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HOW TO RECONCILE YOUR PAYROLL WITHHOLDING!

Enter under SUBJECT PAYROLL the Quarterly totals of all employees for services performed within this County. Deduct \$5000 for each such employee, and enter the

DURING YEAR ENI	DED 2003	· · · · · · · · · · · · · · · · · · ·	ce for each quarter under TAXABLE PAYROLL. All compensation, i.e., Vacation, and Holiday Pay, is to be included in the payroll totals.					
	TOTAL PAYROLL	SUBJECT PA	YROLL	TOTAL PAYROLL				
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 withholding payments made quarterly on Occupational Tax Form								
7. Difference between lines 5 and 6 (if any, check applicable block below)								
8. Number of employees								
	Signature)	Title	Date				
Licensee	Account		Any balance due is to be					
JOHN SMITH ABC PLUMBING SERVICE 121 S MAIN ST SUITE 202 LEXINGTON KY 40502	Federal 61-1: Phone N (859) 255	D No. 316647 umber i-1217 To Be Fil		be: ext quarter er's Return By January 31				
PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS CCQ2A								

MAYBERRY COUNTY, KENTUCKY RECONCILIATION OF LICENSE FEE WITHHELD DURING YEAR ENDED 2003			HOW TO RECONCILE YOUR PAYROLL WITHHOLDING! Enter under SUBJECT PAYROLL the Quarterly totals of all employees for services performed within this County. Deduct \$5000 for each such employee, and enter the balance for each quarter under TAXABLE PAYROLL. All compensation, i.e., Vacation, Sick and Holiday Pay, is to be included in the payroll totals.					
	TOTAL PAY	ROLL	SUBJEC	T PAYROLL		TOTAL PAY	ROLL	
1. 1st Quarter ended Mar. 31	\$	\$	ı		X 1%=	\$		
2. 2nd Quarter ended June 30	\$	\$,		X 1%=	\$		
3. 3rd Quarter ended Sept. 30	\$	<u>\$</u>)		X 1%=	\$		
4. 4th Quarter ended Dec. 31	\$	\$;		X 1%=	\$		
5. TOTAL ALL QUARTERS	\$		<u>, </u>		-	\$		
6. Actual withholding payments ma	ade quarterly on Occupa	itional Tax Fo	orm			<u>.</u>		
7. Difference between lines 5 and 6 (if any, check applicable block below)								
8. Number of employees	_							
		Signature		Title		Date		
JAMES WILSON BURGERMART INC. 415 ABBY WAY		Account Number 00003 Federal ID No. 61-6248767		Any balance due is to be paid and shown on Occupational Tax Form as an adjustment. Any overpayment is to be: credited to next quarter				
LEXINGTON KY 40526		hone Numb		ref	unded		PAYS	

To Be Filed With The 4th Quarter's Return By January 31