

ACCT #: _____

CITY OF GLASGOW, KENTUCKY
P.O. BOX 278, GLASGOW, KY 42142-0278

2019 RECONCILIATION OF LICENSE FEE WITHHELD
During year ended December 31, 2019

To Be Filed by February 28, 2020

*****LICENSE FEE ACCT. #** _____

Employer's Name and Address

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS

Under TOTAL PAYROLL the quarterly totals of all compensation paid to all employees. Deduct any payments for services performed outside Glasgow and enter balances in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e. vacation and holiday pay, tips and gratuities.

Enter on reverse side for each subject employee the Social Security No., name, address and zip code, total compensation paid and amount of Glasgow License Fee withheld. Attach additional sheets of this size if space available is 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 and attach it to the top of the stack.

	<u>TOTAL PAYROLL</u>	<u>SUBJECT PAYROLL</u>	<u>LICENSE FEE DUE</u>
1. 1 st Quarter	1. _____	1. _____ x 1.5% =	1. _____
2. 2 nd Quarter	2. _____	2. _____ x 1.5% =	2. _____
3. 3 rd Quarter	3. _____	3. _____ x 1.5% =	3. _____
4. 4 th Quarter	4. _____	4. _____ x 1.5% =	4. _____
5. Total Year	5. _____	5. _____ x 1.5% =	5. _____
6. Actual License Fee Withheld per W-2s (Leave Blank if Postal Employee or Federal Employee)			6. _____
7. Enter the Larger of line 5 or line 6			7. _____
8. Actual License Fee remitted for the Year on Quarterly Returns			8. _____
9. Difference between lines 7 and 8 (if any, check applicable below)			9. _____
<input type="checkbox"/> Minor difference attributable to fractional variations only (no adjustment due) <input type="checkbox"/> Difference indicates insufficient total remittance for year. Check in payment attached. <input type="checkbox"/> Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund attached.			

Number of employees: _____

Signature

Title

Date

USE REVERSE SIDE FOR EMPLOYEE LISTING