

Reconciliation of License Fee Withheld

During year ended ____/____/____

Mail Original To:

Livingston County
Tax Administrator
PO Box 48
Smithland, KY 42081

TO BE FILED WITH THE 4TH QUARTER RETURN
OR WITH THE FINAL QUARTERLY RETURN OF THE
CLOSING OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION.

EMPLOYER'S NAME AND ADDRESS

Account Number

Federal I.D. Number

Phone Number

TOTAL NUMBER OF EMPLOYEES FOR THE YEAR

ANNUAL RECONCILIATION

(1) Total Wages Paid For The Year	\$		
(2) Total License Fee Withheld For The Year	\$		

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments		COLUMN C Total For Year
January				
Febuary				
March		\$	1st	
April				
May				
June		\$	2nd	
July				
August				
September		\$	3rd	
October				
November				
December		\$	4th	
(3)	(Line 3 Must Equal Line 2)			\$