

RECONCILIATION OF SMITHS GROVE, KY PAYROLL TAX WITHHELD

DURING YEAR ENDED _____

DUE APRIL 15 -ANNUALLY

| | |
|---|--|
| TYPE OR PRINT IN THIS SPACE EMPLOYERS NAME AND ADDRESS OF PRINCIPLE PLACE OF BUSINESS <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> FEDERAL ID NUMBER _____ | TOTAL # EMPLOYEES LISTED _____ TOTAL SMITHS GROVE TAX WITHHELD: 1ST QTR _____ 2ND QTR _____ 3RD QTR _____ 4TH QTR _____ TOTAL YR _____ |
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| SOCIAL SECURITY No. | NAME OF EMPLOYEE | GROSS WAGES PAID | CITY PAYROLL TAX W/H |
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MAIL TO: CITY OF SMITHS GROVE, KY, P.O. BOX 114, SMITHS GROVE, KY 42171