ANNUAL RECONCILIATION OF SMITHS GROVE, KY - QTRLY PAYROLL TAX WITHHELD

DATE	DURING YEAR ENDED		DUE APRIL 15 -ANNUALLY	
EMPLOYERS NAME &	ADDRESS PRINCIPAL PLACE O	F		7
BUSINESS			TOTAL # EMPLOYEES LISTED TOTAL SMITHS GROVE TAX WITHHELD & SUBMITTED : 1ST QTR 2ND QTR	
		1ST		
		2ND		
		3RD	QTR	_
		4TH	I QTR	-
		 TOTA	ALYR \$	
FEDERAL ID NUMBER			-	
	CITY EMPL	OYEE WITHHOLDING TAX		
JAN\$	APR\$	JUL\$	OCT \$	
FEB\$	MAY \$	AUG \$	NOV \$	_
MAR\$	JUN \$	SEP\$	DEC \$	_
		TOTAL CITY TAXES	PAID \$	
	FE	E CALCULATION		
1. Total Gross Salaries,	Wages and Other Compensat	ion per box one of Federal Forn	n W-	
2 or W-3		•	\$	IMPORTANT
2. Add *Deferred Com sharing, 401K, etc.)	pensation Contributed by em	\$	The following MUST be enclosed.	
	ions made under Section 125 Fringe and Benefit Plan Paym	\$	Copies of Federal Forms W	
4. Total Gross Compensation (add lines 1 through 3)			\$	1
5. Less Total Gross Compensation Paid for Services Outside the City			\$	*Payroll Register Annual Totals Including All Deferred Compensation
6. Taxable Earnings ins	ide City (subtract 5 from line	\$	_	
7. City Employee Withholding Tax due the City (line 6 x 1%)			\$	_
8. Total City Employee	Withholding Taxes remitted	\$	_	
	7 is more than line 8, subtract	\$	_	
	ffernces attributed to fractional variance mended return for the period overpaid r	s only. No refund or credit will result from nust be filed separately with a letter of		
10. A payment of \$is enclosed. Make check payable to the City of Smiths Grove, KY.			\$	
I hereby certify, under penalty of perjury, that the statements made herein and in my supporting schedules are true, correct and complete to the best of my knowledge.				_
	SIGNATURE	TITLE	PHONE	_
EMAIL				