



# LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

## 2009 RECONCILIATION OF LICENSE FEE WITHHELD

During year ended December 31, 2009

To be filed by February 28, 2010

Account Number \_\_\_\_\_

Federal ID or SSN \_\_\_\_\_  
(To be entered by taxpayer)

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNERSHIP  
OR NAME AND ADDRESS SHOWN BELOW

### HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS

Enter under TOTAL PAYROLL the quarterly (quarterly filers) or monthly totals (monthly filers) of all compensation paid all employees. Deduct any payments for services performed outside Fayette County 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 (before the deduction of any pre-taxed items) and amount of Fayette County license fee withheld. Attach additional sheets of this size if space requirements are inadequate. Employers may opt to submit copies of W2 forms or other type listings which provide the required information.

	TOTAL PAYROLL		SUBJECT PAYROLL		LICENSE FEE DUE
1. January	1. _____	1.	_____	X 2.25% =	1. _____
2. February	2. _____	2.	_____	X 2.25% =	2. _____
3. March or 1st Qtr.	3. _____	3.	_____	X 2.25% =	3. _____
4. April	4. _____	4.	_____	X 2.25% =	4. _____
5. May	5. _____	5.	_____	X 2.25% =	5. _____
6. June or 2nd Qtr.	6. _____	6.	_____	X 2.25% =	6. _____
7. July	7. _____	7.	_____	X 2.25% =	7. _____
8. August	8. _____	8.	_____	X 2.25% =	8. _____
9. September or 3rd Qtr.	9. _____	9.	_____	X 2.25% =	9. _____
10. October	10. _____	10.	_____	X 2.25% =	10. _____
11. November	11. _____	11.	_____	X 2.25% =	11. _____
12. December or 4th Qtr.	12. _____	12.	_____	X 2.25% =	12. _____
13. Total Year	13. \$ _____	13.	\$ _____	X 2.25% =	13. \$ _____

14. Actual License Fee withheld per W-2s	14. \$ _____
15. Enter the larger of line 13 or line 14.	15. \$ _____
16. Actual License Fee remitted for the year on Form 220/221	16. \$ _____
17. Difference between lines 15 and 16 (if any, check applicable box below)	17. \$ _____

- ☐ Minor difference attributable to fractional variations only (no adjustment due).
- ☐ Difference indicates insufficient total remittance for year. Check in payment attached.
- ☐ Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.

Make Check Payable to:  
L.F.U.C.G.  
Mail to:  
Division of Revenue  
Lex-Fay Urban Co Govt  
P.O. Box 14058  
Lexington KY 40512

18. For each of the following benefits:	Did your employees participate in?	Was the license fee withheld?
	Yes No	Yes No
a) Deferred compensation.....	_____	_____
b) Cafeteria plan.....	_____	_____
c) Group-term life insurance over \$50,000.....	_____	_____
d) Other?.....	_____	_____
e) Other?.....	_____	_____
f) Other?.....	_____	_____

Number of employees: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

NAME, ADDRESS, & SOCIAL SECURITY NO. OF EMPLOYEE	Total Earnings For The Year	License Fee Withheld
If report is completed on this page total here		