

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT 2015 RECONCILIATION OF LICENSE FEE WITHHELD

SUBJECT PAYROLL

| Account Number | | | | | |
|-------------------|-----|----|---------|----|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| Federal ID or SSN | | | | | |
| | /T_ | ho | ontored | hv | ta×payer) |
| | (10 | De | entereu | Dу | taxpayer/ |

TOTAL PAYROLL

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

During year ended December 31, 2015 To be filed by February 29, 2016

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.

Title

Date

LICENSE FEE DUE

| 1. January | 1. | 1. | X 2.25% = 1. | |
|---|--|--|--|------------|
| 2. February | 2. | 2. | × 2.25% = 2. | |
| 3. March or 1st Qtr. | 3. | 3. | × 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 | 1 1. | 1 1. | 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 wit | hheld per W-2s | | 14. \$ | |
| 15. Enter the larger of line | e 13 or line 14. | | 15. \$ | |
| | | | | |
| 16. Actual License Fee ren | nitted for the year on | Form 220/221 | 16. \$ | |
| | • | Form 220/221 check applicable box below) | 16. \$ 17. \$ | |
| 17. Difference between lin Minor difference att Difference indicates | es 15 and 16 (if any, tributable to fractional insufficient total remi overpayment not attrib | | ue). Make Check Payab L.F.U.C.G. | ue Govt |
| 17. Difference between lin Minor difference att Difference indicates Difference indicates | ributable to fractional insufficient total reminer overpayment not attributached. | check applicable box below) variations only (no adjustment of the transfer of | ue). Make Check Payab L.F.U.C.G. Mail to: Division of Revent Lex-Fay Urban Co P.O. Box 14058 Lexington KY 405 National Co P.O. Box 14058 Lexington KY 405 National Co P.O. Box 14058 Lexington KY 405 National Co P.O. Box 14058 Lexington KY 405 | ue Govt |
| 17. Difference between lin Minor difference att Difference indicates Difference indicates claim for refund is | tributable to fractional insufficient total reminence overpayment not attributable. | check applicable box below) variations only (no adjustment of tance for year. Check in paymoutable to fractional variations. Did your employeemparticipate in? | ue). Make Check Payab L.F.U.C.G. Mail to: Division of Revent Lex-Fay Urban Co P.O. Box 14058 Lexington KY 405 National Co P.O. Box 14058 Lexington KY 405 National Co P.O. Box 14058 Lexington KY 405 National Co P.O. Box 14058 Lexington KY 405 | ue Govt |
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| 17. Difference between lin Minor difference att Difference indicates Difference indicates claim for refund is 18. For each of the follow | tributable to fractional insufficient total reminence overpayment not attributable. wing benefits: | check applicable box below) variations only (no adjustment of tance for year. Check in paymoutable to fractional variations. Did your employeemparticipate in? | ue). Make Check Payab L.F.U.C.G. Mail to: Division of Revent Lex-Fay Urban Co P.O. Box 14058 Lexington KY 405 | ue Govt |
| 17. Difference between lin Minor difference att Difference indicates Difference indicates claim for refund is 18. For each of the follow a) Deferred compens b) Cafeteria plan | tributable to fractional insufficient total reminer overpayment not attributable. wing benefits: | check applicable box below) variations only (no adjustment of tance for year. Check in paymoutable to fractional variations. Did your employees Yes | ue). Make Check Payab L.F.U.C.G. Mail to: Division of Revent Lex-Fay Urban Co P.O. Box 14058 Lexington KY 405 | ue Govt |
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Number of employees: .

Signature

| NAME, ADDRESS, & SOCIAL SECURITY NO. OF EMPLOYEE | Total Earnings For The Year | License Fee Withheld |
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