



LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
2017 RECONCILIATION OF LICENSE FEE WITHHELD

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

During year ended December 31, 2017

Federal ID or SSN \_\_\_\_\_

To be filed by February 28, 2018

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 of listings which provide the required information.

Table with 4 columns: Month/Period, TOTAL PAYROLL, SUBJECT PAYROLL, and LICENSE FEE DUE. Rows include months from January to December and a Total Year row.

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 Checks Payable to:
L.F.U.C.G
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?

- a) Deferred compensation
b) Cafeteria plan
c) Group-term life insurance over \$50,000
d) Other?
e) Other?
f) Other?

Grid of checkboxes for Yes/No responses for each benefit and withholding question.

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		