



# LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT 2020 RECONCILIATION OF LICENSE FEE WITHHELD

Account Number	
Federal ID or SSN	

**During year ended December 31, 2020  
To be filed by February 28, 2021**

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.

	<u>TOTAL PAYROLL</u>	<u>SUBJECT PAYROLL</u>	<u>LICENSE FEE DUE</u>
1. January	1. _____	1. _____	1. _____
2. February	2. _____	2. _____	2. _____
3. March or 1st Qtr.	3. _____	3. _____	3. _____
4. April	4. _____	4. _____	4. _____
5. May	5. _____	5. _____	5. _____
6. June or 2nd Qtr.	6. _____	6. _____	6. _____
7. July	7. _____	7. _____	7. _____
8. August	8. _____	8. _____	8. _____
9. September or 3rd Qtr.	9. _____	9. _____	9. _____
10. October	10. _____	10. _____	10. _____
11. November	11. _____	11. _____	11. _____
12. December or 4th Qtr.	12. _____	12. _____	12. _____
13. Total Year	13. \$ _____	13. \$ _____	13. \$ _____
14. Actual license fee withheld per W-2's			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 overpayments not attributable to fractional variations. Full explanation and claim for refund is attached

**MAKE CHECK PAYABLE TO LFUGC**

Division of Revenue  
PO 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	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
b) Cafeteria plan	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
c) Group-term life insurance over \$50,000	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
d) Other?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
e) Other?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
f) Other?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

Number of Employees: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

NAME, ADDRESS & SOCIAL SECURITY NUMBER OF EMPLOYEE	Total Earnings for the Year	License Fee Withheld
If report is completed on this page total here		