

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT 2022 RECONCILIATION OF LICENSE FEE WITHHELD

Account Number	
Federal ID or SSN	

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

During year ended December 31, 2022 To be filed by February 28, 2023

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.

		the required information.				
	TOTAL PAYROLL	<u>sui</u>	BJECT PAYROLL	LICENSE FEE DUE		
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	r 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)				MAKE CHECK PAYABLE TO LFUCG		
Difference indicates insufficient total remittance for year. Check in payment attached Division of Revenue PO BOX 3205						
	indicates overpayments not attributable to fractional variations. Full explanation LEXINGTON KY 40588 for refund is attached					
18. For each of the following be	enefits:	Did your employees participate in?	Was the license fee withheld?			
a) Deferred compensationb) Cafeteria planc) Group-term life insuranced) Other?e) Other?f) Other?	e over \$50,000	Yes No	Yes No			
Number of Employees:		Signature		TitleDate		

Form 222 /17 RCB - Revised 12/22

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