

CITY OF CYNTHIANA

RECONCILIATION OF OCCUPATIONAL LICENSE FEE WITHHELD YEAR: _____

	Total Payroll	Subject Payroll	License Fee	Total Amt. Due
1 st Quarter ended 3/31/20__	\$	\$	X 1.5 %=	\$
2 nd Quarter ended 6/30/20__	\$	\$	X 1.5 %=	\$
3 rd Quarter ended 9/30/20__	\$	\$	X 1.5 %=	\$
4 th Quarter ended 12/31/20__	\$	\$	X 1.5 %=	\$
Total all quarters	\$	\$		\$
			Total Quarterly Payments Made	\$
			Difference	\$

Number of Employees _____

Signature

Title

Date

**A COPY OF W-2'S OR COMPUTER LIST
AND W-3 MUST ACCOMPANY THIS FORM
TO BE FILED ON OR BEFORE JANUARY 31**

Mail to:
City of Cynthia
P O Box 67
Cynthiana, Kentucky 41031
Phone (859) 234-7150