



ANNUAL RECONCILIATION OF OCCUPATIONAL LICENSE FEES WITHHELD

For the Year Ended December 31, _____

Check if Address Has Changed _____ Federal ID No. _____ Account # _____
Business Name _____ Phone: () -
Address _____ City _____ State _____ Zip _____

1. Total Gross Wages and Other Compensation Paid during the Year \$ _____
2. Less Compensation Paid for Services Performed Outside Nicholasville \$ _____
3. Taxable Compensation (line 1 minus line 2) \$ _____
4. License Fee Due (line 3 x 1.5%) \$ _____

5. License Fees Remitted with Quarterly Returns:

A. Quarter Ended March 31st _____ B. Quarter Ended June 30th _____
C. Quarter Ended September 30th _____ D. Quarter Ended December 31st _____

Total Fees Remitted (lines A thru D) \$ _____

6. Fee Due (Refund Due) (Line 4 minus line 5) \$ _____

7. **Penalty for Failure to File or Pay On or Before February 28:** 5% of the license fee due for each calendar month or fraction thereof, not to exceed 25% of the license fee due; however, this penalty shall not be less than \$25.00 \$ _____

8. **Interest:** 12% per annum simple interest on the license fee due beginning from the time the fee was due. A fraction of a month counts as an entire month \$ _____

9. Total Due(Refund Due) (line 6 plus line 7 plus line 8) **If any, check applicable box below** \$
 Minor difference due to rounding only -- **No adjustment needed**
 Difference indicates an underpayment -- **Payment enclosed**
 Difference indicates an overpayment -- **An amended return for the period overpaid must be filed separately with a letter of explanation.**

10. License Fees Due (from line 4 above) \$ _____

11. Actual License Fees Withheld per Box 19 of W-2's \$ _____

12. Difference (line 10 minus line 11)-**Please attach explanation of any difference** \$ _____

The original of this reconciliation along with a copy of the W-2's must be filed with the City of Nicholasville on or before February 28th to the following address:

City of Nicholasville, P.O. Box 590, Nicholasville, KY 40340-0590
Telephone: (859) 885-7618 Fax (859) 885-9476

I hereby certify that this information is true and correct to the best of my knowledge.

Signature

Date

Print Name

Title