

# Reconciliation of License Fee Withheld

Prepare in Duplicate  
 Mail Original To:  
 City of Paris  
 525 High Street  
 Paris KY 40361

During Year Ended \_\_\_\_\_

To Be Filed With The 4th Quarter's Return By January 31, \_\_\_ Or With The FINAL  
 Quarterly Return Of The Closing Of Any Business Either By Sale Or Dissolution.

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

### HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS

Enter under TOTAL PAYROLL the quarterly totals of all compensation paid all employees. Deduct any payments for services performed outside Paris, and enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e., Vacation and Holiday pay, tips and gratuities.

Enter below for each subject employee, the Social Sec. No., name and address, zip code; total compensation paid and amount of Paris license fee withheld. Attach additional sheets of this same size if space requirements are inadequate. Employers desiring to submit copies of W2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W2 forms, complete this reconciliation (Form OLF-2A) and submit it with the W2's. An adding machine tape, listing the amount of license fee withheld as indicated by individual employee's statements, should be attached.

	TOTAL PAYROLL	SUBJECT PAYROLL		LICENSE FEE WITHHELD
1. 1st Quarter ended Mar. 31 . . . . .	\$ _____	\$ _____	x 1½% =	\$ _____
2. 2nd Quarter ended June 30 . . . . .	_____	_____	x 1½% =	_____
3. 3rd Quarter ended Sept. 30 . . . . .	_____	_____	x 1½% =	_____
4. 4th Quarter ended Dec. 31 . . . . .	_____	_____	x 1½% =	_____
5. TOTAL ALL QUARTERS . . . . .	\$ _____	\$ _____		\$ _____
6. Actual withholdings remitted for the year on Form OLF-2 . . . . .				\$ _____
7. Difference between lines 5 and 6 (if any, check applicable block below) . . . . .				\$ _____

- 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.

8. Number of employees \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYEE	Signature		Title		Date	
	Total Earnings For The Year		License Fee Withheld			

If report is completed on this page total here . . . . .