FORM OLF-2A City of Paris Occupational License Dept.

## CITY OF PARIS, KY **Reconciliation of License Fee Withheld**

Prepare in Duplicate Mail Original To: City of Paris 525 High St

During Year Ended Paris, KY 40361

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 WITHOLDINGS 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 Security Number, name, address and 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 of 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. TOTAL PAYROLL SUBJECT PAYROLL LICENSE FEE WITHELD x 1 1/2% = \$ x 1 1/2% = \_\_\_\_\_ 3. 3rd Quarter ended September 30 . . . . . . . . . x 1 1/2% = 4. 4th Quarter ended December 31 . . . . . . . . . x 1 1/2% = \_\_\_ 6. Actual withholdings remitted for the year on Form OLF-2 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 \_\_\_ Title Date Signature Name and Address of Employee **Total Earnings** License Fee For the Year Withheld