

Reconciliation for License Fee Withheld

During Year Ended 20 _____

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 Shelby County and in the City of Shelbyville and enter balance in SUBJECT PAYROLL column, SUBJECT PAYROLL includes ail compensation, i.e., Vacation and Holiday pay, tips and gratuities.

Enter below for each subject employee, the Social Sec. #, a name and address, and zip code, total compensation paid and amount of Shelby County license fee withheld. Continue on reverse side. 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 B) and attach it to the top of the stack. 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	X 1%=	LICENSE FEE WITHHELD
1. 1st Quarter ended March 31,	\$	\$	X 1%=	\$
2. 2nd Quarter ended June 30,	\$	\$	X 1%=	\$
3. 3rd Quarter ended Sept. 30,	\$	\$	X 1%=	\$
4. 4th Quarter ended Dec. 31,	\$	\$	X 1%=	\$
5. TOTAL ALL QUARTERS	\$	\$		\$

6. Actual withholdings remitted for the year on employees W-2 Form	
7. Difference between lines 5 and 6 (if any, check applicable block below)	
<input type="checkbox"/> Minor difference attributable to fractional variations only (no adjustment due). <input type="checkbox"/> Difference indicates insufficient total remittance for year. Check in payment attached. <input type="checkbox"/> Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.	

8. Number of Employees _____

Name, Address, & Social Security # of Employee	Total Earnings for the Year	License Fee Withheld	Signature	Title	Date
If report is completed on this page Total here					

(Use reverse side if additional space is needed)