

**CITY OF OWENSBORO
EMPLOYERS' ANNUAL RECONCILIATION OF
LICENSE FEE WITHHELD**

FORM - REC

For Year Ended

Print Name & Address of Employer

Account #

Social Security # or
Federal ID #

Part I WITHHOLDING PAYMENT SCHEDULE

Jan _____	April _____	July _____	Oct _____
Feb _____	May _____	Aug _____	Nov _____
March or _____	June or _____	Sept or _____	Dec or _____
1st Qtr. _____	2nd Qtr. _____	3rd Qtr. _____	4th Qtr. _____

Number of Employees:

Total Payments: \$

Part II LICENSE FEE COMPUTATION

**SEE INSTRUCTIONS
NOTE:**

Copies of Federal Forms W-2 and W-3, along with an Employee Benefit listing if required; or a Detailed Employee Listing with the Required Equivalent Information must be submitted with this form.

Due: February 28

REMIT & MAKE
PAYMENT TO:

OCCUPATIONAL TAX
ADMINISTRATOR
PO BOX 10008
OWENSBORO, KY
42302-9008

Phone: (270) 687-5600

www.owensboro.org

- 1) Total Wages, Tips, Other Compensation per Box 1 of Federal Form W-2 or W-3 _____
- 2) Add Deferred Compensation Contributed by Employees _____
- 3) Add Employee Elections made under Section 125 of the Internal Revenue Code, plus other subject Welfare, Fringe and Benefit Plan Payments _____
- 4) Total Gross Compensation (Add Lines 1 through Line 3) _____
- 5) Less Total Gross Compensation Paid for Service Outside the City of Owensboro and Other Compensation not Subject. _____
- 6) Taxable Compensation (Subtract Line 5 from Line 4) _____
- 7) Occupational License Fee (Please see instructions for rate) _____
- 8) Total Employee License Fee Remitted During Year (From Part I) _____
- 9) If Line 7 is greater than Line 8, Enter Difference as License Fee Due
(Attach separate sheet identifying period(s) underpayment occurred) _____
- 10) Penalty @ 5% per calendar month or portion thereof not to exceed 25%.
Minimum \$25 _____
- 11) Interest @ 1% per calendar month or portion thereof, from Due Date _____
- 12) TOTAL AMOUNT DUE (Add Lines 9, 10 and 11)** _____
- 13) If Line 8 is greater than Line 7, Enter Difference as Overpayment
(To claim refund of Overpayment, Amended Returns must be filed for periods in error) _____

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

SIGNATURE

TITLE

DATE

PHONE

**DAVISS COUNTY FISCAL COURT
EMPLOYERS' ANNUAL RECONCILIATION OF
LICENSE FEE WITHHELD**

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For Year Ended

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Social Security # or
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1st Qtr. _____	2nd Qtr. _____	3rd Qtr. _____	4th Qtr. _____

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| 5) Less Total Gross Compensation Paid for Service Outside Daviess County and Other Compensation not Subject. | _____ |
| 6) Taxable Compensation (Subtract Line 5 from Line 4) | _____ |
| 7) Occupational License Fee (Line 6 X .35%) | _____ |
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