

CITY OF HORSE CAVE
121 Woodlawn Ave • PO Box 326 • Horse Cave, KY 42749
☐ (270) 786 2680 • ☐ fax (270) 786 2688

EMPLOYEE LICENSE TAX ANNUAL RECONCILIATION

Name _____
Address _____
City, State ZIP+4 _____

DUE
FEBRUARY 28, 20__

ANNUAL RECONCILIATION MUST BE COMPLETED AND RETURNED

- | | |
|--|----------|
| 1. NUMBER OF TOTAL EMPLOYEES FOR THE YEAR | \$ _____ |
| 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND
OTHER COMPENSATION PAID | \$ _____ |
| 3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE
OF THE CITY OF HORSE CAVE OR ANY ADJUSTMENTS | \$ _____ |
| 4. TAXABLE EARNING (ITEM 2 MINUS ITEM 3) | \$ _____ |
| 5. ACTUAL TAX DUE FOR 202__ AT 1% (.01) | \$ _____ |
| 6. TOTAL EMPLOYEE LICENSE TAX WITHHELD
AS SHOWN ON ATTACHED WITHHOLDING STATEMENT | \$ _____ |
| 7. ACTUAL PAYMENTS BY QUARTER: | |
| 1 ST QUARTER _____ | |
| 2 ND QUARTER _____ | |
| 3 RD QUARTER _____ | |
| 4 TH QUARTER _____ | |

8. TOTAL PAYMENT MADE _____
- Does line 8 equal line 6? If yes, no further action necessary.
- If line 6 is larger than line 8, attach a check for the difference \$ _____
- If line 8 is larger than line 6, enter the credit due on your next quarter \$ _____

I declare under penalties of perjury that this reconciliation to the best of my knowledge and belief is true, correct and complete.

SIGNED _____ Title _____ Date _____

Please make a copy of this form for your records. Please include copies of W-2 or list of employees with wages earned within the city limits of Horse Cave, Ky.

If there are any questions please call or email us at horsecave@hotmail.com