

CITY OF PERRYVILLE ANNUAL OCCUPATIONAL TAX RECONCILIATION

City of Perryville
 P O Box 95
 Perryville KY 40468
 859-332-8361

Return due by Feb 28 (Attach copies of W-2's)

Name & Address of Reporting Agency

Tax Year Ended _____

Federal ID # _____

Quarter Ending	A Gross Wages Before Any Deductions	B License Fee Withheld (.015)	C License Fee Submitted
March 31	\$ _____	_____	_____
June 30	\$ _____	_____	_____
Sept 30	\$ _____	_____	_____
Dec 31	\$ _____	_____	_____
TOTALS	\$ _____	_____	_____

If difference is less than \$2.00, nothing is to be paid or refunded

If C is less than B, remit difference

**If B is less than C, you must amend the
 appropriate quarterly return to obtain refund**

I hereby certify that the information contained in this report is true and correct to the best of my knowledge.

 Signature

 Date

 Printed Name and Title

 Phone #