

**GRAVES COUNTY OCCUPATIONAL TAX
RECONCILIATION OF LICENSE FEE WITHHELD**

Instructions: Enter under TOTAL PAYROLL the quarterly total of all employee's compensation for services within Graves County. All compensation, i.e.. Vacation, Sick and Holiday pay is to be included in the payroll totals.

For Calendar Year Ending December 31, _____

1st Quarter ended Mar. 31 Gross Wages for Graves County	\$ _____	X 1% =	\$ _____
2nd Quarter ended June 30 Gross Wages for Graves County	\$ _____	X 1% =	\$ _____
3rd Quarter ended Sept. 30 Gross Wages for Graves County	\$ _____	X 1% =	\$ _____
4th Quarter ended Dec. 31 Gross Wages for Graves County	\$ _____	X 1% =	\$ _____
TOTAL ALL QUARTERS	\$ _____	X 1% =	\$ _____
Actual withholding payment made quarterly on Occupational Tax Form			\$ _____
Line 5 less line 6 (Difference due is to be paid with the exception of differences due to rounding)			\$ _____
Number of employees _____			

o Be Completed and Returned by APRIL 15,2021.

A copy of wage listing is required to be attached.

Employer name and address
Email Address
Federal ID#
Phone Number

Phone:(270)247-3626	Email: ccourtney@gravescountyky.gov
Fax: (270)247-7653	Graves County Treasurer
Make checks payable and mail to:	1102 Paris Rd Ste 2 Mayfield, KY 42066

I information contained herein is true and accurate to the best of my knowledge.

Signature

Date

Title