

Reconciliation of License Fee Withheld

During Year Ended 12 / 31 / 2022

TO BE FILED WITH THE RETURN BY 04 15 /2023
 OR WITH THE FINAL QUARTERLY RETURN OF THE CLOSING
 OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION.

*Prepare In Duplicate
 Mail Original To:*
 GRAVES COUNTY FISCAL
 COURT
 1102 PARIS RD STE 2
 MAYFIELD KY 42066

EMPLOYER'S NAME AND ADDRESS	Account Number <input style="width:100px; height:20px;" type="text"/> Federal I.D. Number <input style="width:100px; height:20px;" type="text"/> Phone Number <input style="width:100px; height:20px;" type="text"/>
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TOTAL NUMBER OF EMPLOYEES FOR THE YEAR	
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ANNUAL RECONCILIATION		
(1) Total Wages Paid For The Year	\$	
(2) Total License Fee Withheld For The Year	\$	

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments		COLUMN C Total For Year
January				
Febuary				
March		\$	1st	
April				
May				
June		\$	2nd	
July				
August				
September		\$	3rd	
October				
November				
December		\$	4th	
(3)	(Line 3 Must Equal Line 2)			\$