Reconciliation of License Fee Withheld

During Year Ended / /
TO BE FILED WITH THE RETURN BY / /
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
SUITE 2
MAYFIELD, KY 42066

EMPLOYER'S NAME AND ADDRESS

Account #
Federal ID#

TOTAL NUMBER OF EMPLOYEES FOR THE YEAR_____

ANNUAL RECONCILIATION

1. **TOTAL WAGES FOR THE YEAR** $ _____

2. **TOTAL LICENSE FEE WITHHELD FOR THE YEAR** $_____

	MTHLY PYMNTS	QUARTERLY PYMNTS	YEARLY TOTAL
January	$_____		
February	$_____		
March	$_____	_$_____1ST	
April	$_____		
May	$_____		
June	$_____	_$_____2ND	
July	$_____		
August	$_____		
September	$_____	_$_____3RD	
October	$_____		
November	$_____		
December	$_____	_$_____4TH	

3. **MUST EQUAL LINE 2** $_____