

# CITY OF HARTFORD EMPLOYER'S WITHHOLDING TAX

Ordinance No. 2013-06

## Annual Reconciliation Report

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City of Hartford  
Occupational Tax Administrator  
P O Box 64  
Hartford, KY 42347

**Return due by February 28**

### Reconciliation for year \_\_\_\_\_

- |   |          |
|---|----------|
| 1. Total Gross Wages, Salaries and other Compensation Paid            | \$ _____ |
| 2. Less Compensation Paid for Services Outside of<br>City of Hartford | \$ _____ |
| 3. Taxable Earnings (line 1 minus line 2)                             | \$ _____ |
| 4. Withholding Tax Due ( <b>line 3 X 1%</b> )                         | \$ _____ |
| 5. Total Tax Paid During Year   | \$ _____ |
| 6. Balance Due (line 5 minus line 4) please remit**                   | \$ _____ |

I hereby certify that the information is true and correct:      Must be signed and dated.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**NOTE: Please attach copies of either W2 forms, computer listing or typed listing of employees showing name, social security number, gross wages and tax paid.**

\*\*Minor differences attributable to fractional variations no adjustment due.