

Please mail original employees' W-2's with this reconciliation form

Hartford, Kentucky Reconciliation of License Fee Withheld

<p>During Year Ended To Be Filed By</p> <p style="text-align: center;">YOU MUST FILE THIS RETURN IF YOU PAID HARTFORD WAGES DURING THE YEAR LISTED ABOVE</p>	<p>Mail To: City of Hartford, Occupational Tax Administrator P. O. Box 64 Hartford, KY 42347</p>
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Account Number Name and Address (Indicate any change in ownership, name, or address) Federal I.D. Number

	COLUMN A Total Wages	COLUMN B Subject Wages	COLUMN C Tax Paid
1st Quarter			
2nd Quarter			
3rd Quarter			
4th Quarter			
TOTAL			

NUMBER OF EMPLOYEES
AND W-2's ATTACHED _____

- | | |
|---------------------------------|----------|
| 1. TOTAL TAX WITHHELD PER W-2's | \$ _____ |
| 2. UNDERPAYMENT | \$ _____ |
| 3. ADJUSTMENTS | \$ _____ |
| 4. BALANCE DUE | \$ _____ |

Minor differences due to fractional variations or rounding only

PAYMENT NOT REQUIRED IF LESS THAN \$1.00

NO REFUND OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM. YOU MUST SUBMIT AN AMENDED RETURN WITH A COPY OF THE ORIGINAL RETURN FOR ANY QUARTER THAT HAS BEEN OVERPAID

YOU MUST INCLUDE A TOTALED EMPLOYEE LISTING OR COPIES OF W-2's AND W-3

THE LISTING MUST INCLUDE THE FOLLOWING INFORMATION: EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER, GROSS WAGES, HARTFORD WAGES, HARTFORD OCCUPATION TAX WITHHELD.

IF YOU HAVE ANY QUESTIONS PLEASE CALL (270) 298-3612