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

Hartford, Kentucky Reconciliation of License Fee Withheld

During Year Ended

To Be Filed By

YOU MUST FILE THIS RETURN IF YOU PAID HARTFORD WAGES DURING THE YEAR LISTED ABOVE

Mail To:
City of Hartford, Occupational Tax Administrator
P.O. Box 64
Hartford, KY 42347

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-2s 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 QUESTION PLEASE CALL (270) 298-3612