



**City of Dayton, Kentucky**  
 514 Sixth Avenue, Dayton, Kentucky 41074  
 Phone (859) 491-1600 Fax: (859) 491-3538  
 Website: www.DaytonKY.com

**EMPLOYERS' ANNUAL PAYROLL RECONCILIATION FORM**

**IMPORTANT:** Enclose copies of Federal Forms W-2 and W-3, Transmittal of Wage and Tax Statements, or a Detailed Employee Listing with the Required Equivalent Information – **DUE FEBRUARY 28TH**

**I. BUSINESS INFORMATION:**

Name of Business:			
Business Address:			
Employer ID # (EIN or SSN):		Business Telephone #:	
Date Taxable Year Ended:		Email Address:	
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
Principal Business Activity:			
# of Employees:		Contact Person (Name and Telephone):	
Owners/ Partners/ Corporate President Name, Address, Phone #, DOB, and SSN:			

**II. WITHHOLDING PAYMENT SCHEDULE – MONTHLY OR QUARTERLY**

January: _____	April: _____	July: _____	October: _____
February: _____	May: _____	August: _____	November: _____
March: _____	June: _____	September: _____	December: _____
1 <sup>st</sup> Quarter: _____	2 <sup>nd</sup> Quarter: _____	3 <sup>rd</sup> Quarter: _____	4 <sup>th</sup> Quarter: _____
Number of Employees as of 12/31: _____		Total Payments: \$ _____	

**II. FEE COMPUTATION**

1) Total Wages, Tips, Other Compensation per Box 1of Federal Form W-2 or W-3	
2) Add Deferred Compensation Contributed by Employees	
3) Add Welfare Benefit, Fringe Benefit, or Other Benefit Plan Payments Contributed by an Employee	
4) Total Gross Compensation (Add Lines 1 through Line 3)	
5) Less Total Gross Compensation Paid for Service Outside City.	
6) Taxable Compensation (Subtract Line 5 from Line 4)	
7) Occupational License Fee (LINE 6 X 2.5%)	
8) Total Payments previously remitted for fiscal year.	
9) Balance Due	
10) Penalty @ 5% per month or portion thereof, not to exceed 25%, minimum \$25	
11) Interest @ 1% per month from Due Date	
12) TOTAL AMOUNT DUE	
13) Overpayment Claimed (If Line 8 Exceeds Line 7)	

Mark desired outcome:  Credit to next year estimate payment or  refund

**III. ACKNOWLEDGEMENT & SIGNATURE:**

**\*IMPORTANT\* Attached Federal Return forms.**

RETURN MUST BE SIGNED – I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, complete and to the best of my knowledge.

Signature of PREPARER \_\_\_\_\_                      Signature of LICENSEE: \_\_\_\_\_

Print Name: \_\_\_\_\_                                      Print Name: \_\_\_\_\_