

**EMPLOYERS' ANNUAL RECONCILIATION OF
 LICENSE FEE/TAX WITHHELD**

Account #: _____ Social Security # or Federal ID #: _____



Print Name & Address of Employer: _____
 Phone #: _____ Email Address: _____

For Year Ended		
Month	Day	Year

WITHHOLDING PAYMENT SCHEDULE

Jan _____	April _____	July _____	Oct _____
Feb _____	May _____	Aug _____	Nov _____
March or 1st Qtr _____	June or 2nd Qtr _____	Sept or 3rd Qtr _____	Dec or 4th Qtr _____
Number of Employees: _____		Total Payments	\$ _____

FEE COMPUTATION

****IMPORTANT****

APPROPRIATE SCHEDULES MUST BE ATTACHED

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 28

Remit To:
Warren County Schools Quarterly Tax Return
P.O. Box 890947
Charlotte, NC 28289-0947

Website:

www.warren.kyschools.us
 Occupational Tax Office Link

1.) Total Wages, Tips, Other Compensation per Box 1 of Federal Form W-2 or W-3	_____
2.) Add: Deferred Compensation Contributed by Employees (i.e., retirement, profit sharing, deferred compensation plans, cafeteria plans, etc.)	_____
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 of Warren County, Kentucky and/or Gross Nonresident Compensation	_____
6.) Taxable Compensation (Subtract Line 5 from Line 4)	_____
7.) Occupational License Fee (Line 6 X .005)	_____
8.) Total Payments Remitted	_____
9.) Balance Due (If Line 7 Exceeds Line 8 = Line 7 Minus Line 8)	_____
10.) Penalty @ 5% per month (not to exceed 25%; Minimum \$25)	_____
11.) Interest @ 1% per month from Due Date	_____
12.) TOTAL AMOUNT DUE (Line 9 Plus Lines 10 and 11)	_____
13.) Overpayment Claimed (If Line 8 exceeds Line 7)	_____
<input type="checkbox"/> Refund <input type="checkbox"/> Credit to next year estimated payment	

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

SIGNATURE

TITLE

DATE