

CITY OF MAYFIELD
 211 East Broadway – Mayfield, Kentucky 42066 – (270) 247-1981
Reconciliation of License Fee Withheld
For Year Ended December 31, 2018

To be filed with the 4th Quarter Return by January 31st, or with the Final Quarterly Return at the closing of any business by sale or dissolution.

EMPLOYER'S NAME, ADDRESS

How to Reconcile Your Payroll and Withholdings

Enter under Total Payroll the quarterly totals of all compensation paid all employees. Deduct any payments for services performed outside the City of Mayfield and enter balance in subject Payroll column. Subject Payroll includes all compensation, i.e. Vacation and Holiday pay, tips and gratuities.

On page two enter for each subject employee, the Social Sec. #, name and address, and zip code, total compensation paid and amount of the license fee withheld. Attach additional sheets of this same size if space requirements are inadequate. Employers desiring to submit copies of W2 forms or other types of listings, which provide the required information, may do so in lieu of the listing form below. When submitting W2 forms, complete this reconciliation (Form M-3) and attach it to the top of the stack. An adding machine tape, listing the amount of license fee withheld as indicated by individual employee's statements, should be attached.

	<u>TOTAL PAYROLL</u>	<u>SUBJECT PAYROLL</u>		<u>LICENSE FEE WITHHELD</u>
1. 1 ST Quarter ended Mar. 31----- \$	_____	\$ _____	x 1.9%	\$ _____
2. 2 nd Quarter ended June. 30----- \$	_____	\$ _____	x 1.9%	\$ _____
3. 3 rd Quarter ended Sept. 30----- \$	_____	\$ _____	x 1.9%	\$ _____
4. 4 th Quarter ended Dec. 31----- \$	_____	\$ _____	x 1.9%	\$ _____
5. TOTAL ALL QUARTERS ----- \$	_____	\$ _____		\$ _____
6. Actual withholdings remitted for the year on Form M-2				\$ _____
7. Difference between lines 5 and 6 (if any, check applicable block below)				\$ _____

- Minor difference attributable to fractional variations only. (no adjustment due).
- Difference indicates insufficient total remittance for year. Check in payment attached.
- Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.

8. Number of employees _____

_____ Employer Signature _____ Title _____ Date

