



THE CITY OF PADUCAH

ANNUAL RECONCILIATION OF EMPLOYERS QUARTERLY RETURN OF OCCUPATIONAL LICENSE FEES WITHHELD AND INDIVIDUAL EMPLOYEE STATEMENT

CHECK IF CHANGED

Name _____
Address _____
City _____ State _____ Zip _____
Federal ID _____ Phone _____ Ext _____

NOTE: NO REFUNDS OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM. A REFUND REQUEST MUST BE SUBMITTED TO THE FINANCE OFFICE.	ACCOUNT NUMBER	YEAR
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QUARTER ENDING

AMOUNT THAT SHOULD BEEN PAID

1. MARCH 31 ST	
2. JUNE 30 TH	
3. SEPTEMBER 30 TH	
4. DECEMBER 31 ST	
5. TOTAL QUARTERLY TAXES THAT SHOULD HAVE BEEN PAID (Sum of Lines 1 - 4)	
6. TOTAL TAXES WITHHELD PER SCHEDULE OF EMPLOYEES' WAGES ATTACHED	
7. DIFFERENCE BETWEEN LINE 5 & LINE 6	

AUTHORIZED SIGNATURE DATE

INSTRUCTIONS FOR ANNUAL RECONCILIATION OF WITHHOLDING TAXES

Employee's federal W2s OR employer's federal W3 forms should be attached to this reconciliation. (W-3 PREFERRED) Wage and Tax Statements should be submitted for only those employees that earned wages while working in the city limits of Paducah, Kentucky. **If additional tax is owed (Line 7), a check for the additional payment must be attached. Do not include the payment with your 4th quarter return.**

This reconciliation form must be filed with the City of Paducah, 300 S. 5th Street, Paducah, Kentucky 42002.

MAILING ADDRESS: P.O. BOX 9001241 • LOUISVILLE, KENTUCKY 40290-1241
TELEPHONE: (270) 444-8513 • revenue@paducahky.gov