

2007 RECONCILIATION OF LICENSE TAX WITHHELD

Georgetown/Scott County Revenue Commission

P O Box 800, Georgetown, KY 40324



Employers name & address - Section A

During year ended December 31, 2007

To be filed by February 28, 2008

FEDERAL ID #

CITY OF GEORGETOWN - Section B

	<u>TOTAL PAYROLL</u>	<u>SUBJECT PAYROLL</u>			
1 1st Quarter ended March 31	\$	\$	X 1%	\$	
2 2nd Quarter ended June 30	\$	\$	X 1%	\$	
3 3rd Quarter ended Sept 30	\$	\$	X 1%	\$	
4 4th Quarter ended Dec 31	\$	\$	X 1%	\$	
5 TOTAL ALL QUARTERS	\$	\$		\$	
6 Actual withholding payments remitted				\$	
7 Difference (subtract line 6 from line 5)(if any, check box 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.

OFFICE USE ONLY

Check #

Amount

Posted By

Post date

Number of employees

SCOTT COUNTY - Section C

	<u>TOTAL PAYROLL</u>	<u>SUBJECT PAYROLL</u>			
1 1st Quarter ended March 31	\$	\$	X 1%	\$	
2 2nd Quarter ended June 30	\$	\$	X 1%	\$	
3 3rd Quarter ended Sept 30	\$	\$	X 1%	\$	
4 4th Quarter ended Dec 31	\$	\$	X 1%	\$	
5 TOTAL ALL QUARTERS	\$	\$		\$	
6 Actual withholding payments remitted				\$	
7 Difference (subtract line 6 from line 5)(if any, check box below)				\$	

Minor difference attributable to fractional variations only (no adjustment due).

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SCOTT COUNTY SCHOOL DISTRICT - Section D

	<u>TOTAL PAYROLL</u>	<u>SUBJECT PAYROLL</u>			
1 1st Quarter ended March 31	\$	\$	X ½%	\$	
2 2nd Quarter ended June 30	\$	\$	X ½%	\$	
3 3rd Quarter ended Sept 30	\$	\$	X ½%	\$	
4 4th Quarter ended Dec 31	\$	\$	X ½%	\$	
5 TOTAL ALL QUARTERS	\$	\$		\$	
6 Actual withholding payments remitted				\$	
7 Difference (subtract line 6 from line 5)(if any, check box 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.

Number of employees

OFFICE USE ONLY
Check #
Amount
Posted By
Post date

FRINGE BENEFITS- Section E

For each of the following benefits:	Did your employees participate in?		Was the license tax withheld?	
	Yes	No	Yes	No
a) Deferred compensation	Yes	No	Yes	No
b) Cafeteria plan	Yes	No	Yes	No
c) Group-term life insurance over \$50,000	Yes	No	Yes	No
d) Other?	Yes	No	Yes	No
e) Other?	Yes	No	Yes	No
f) Other?	Yes	No	Yes	No

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

Signature

Date

Printed name

Title

ATTACH W-2s AND W-3s OR EQUIVALENT EMPLOYEE LISTING