



City of Scottsville, KY
OCCUPATIONAL TAX ANNUAL RECONCILIATION

City Treasurer's Office
201 West Main Street, Suite 8
Scottsville, KY 42164
(270) 237-4472 phone
(270) 237-4922 fax

**20_____ ANNUAL RECONCILIATION MUST BE COMPLETED AND
RETURNED BY FEB. 28.**

Account Number: _____ **SSN or Federal Tax ID#** _____

Business Name: _____

Address: _____

Telephone: _____ **Fax:** _____ **Email:** _____

1. TOTAL NUMBER OF EMPLOYEES: _____
2. TOTAL GROSS WAGES PAID: _____
3. TOTAL TAXES DUE (1.5% OF LINE 2) _____
4. TOTAL TAXES PAID IN YEAR _____
5. BALANCE DUE (LINE 3 – LINE 4) _____

A PAYMENT OF \$_____ IS ENCLOSED. MAKE CHECKS PAYABLE TO CITY OF SCOTTSVILLE.

PAYMENTS BY QUARTER

1ST QUARTER _____

2ND QUARTER _____

3RD QUARTER _____

4TH QUARTER _____

TOTAL _____

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.

DATE: _____ **SIGNATURE:** _____

*****IMPORTANT*****

**RETURN THIS FORM ALONG WITH COPIES OF FEDERAL W-2 FORMS AND LIST
OF 1099s GIVEN BY YOUR COMPANY TO VENDORS WITHIN THE CITY OF
SCOTTSVILLE.**