

Reconciliation of License Fee Withheld

During Year Ended 12 / 31 / 2023

TO BE FILED BY FEBRUARY 28, 2024

Prepare In Duplicate
Mail Original To:

WOODFORD COUNTY
TAX ADMINISTRATOR

103 SOUTH MAIN ST ROOM 201
VERSAILLES KY 40383

EMPLOYER'S NAME AND ADDRESS	Account Number <input style="width:100%;" type="text"/>	** Include W-2's with Reconciliation **
	Federal I.D. Number <input style="width:100%;" type="text"/>	
	Phone Number <input style="width:100%;" type="text"/>	

TOTAL NUMBER OF EMPLOYEES FOR THE YEAR	<input style="width:100%;" type="text"/>
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ANNUAL RECONCILIATION		
(1) Total Wages Paid For The Year	\$	<input style="width:100%;" type="text"/>
(2) Total License Fee Withheld For The Year	\$	<input style="width:100%;" type="text"/>

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments		COLUMN C Total For Year
January	<input style="width:100%;" type="text"/>			<input style="width:100%; height: 100%;" type="text"/>
February	<input style="width:100%;" type="text"/>			
March	<input style="width:100%;" type="text"/>	\$	1st	
April	<input style="width:100%;" type="text"/>			
May	<input style="width:100%;" type="text"/>			
June	<input style="width:100%;" type="text"/>	\$	2nd	
July	<input style="width:100%;" type="text"/>			
August	<input style="width:100%;" type="text"/>			
September	<input style="width:100%;" type="text"/>	\$	3rd	
October	<input style="width:100%;" type="text"/>			
November	<input style="width:100%;" type="text"/>			
December	<input style="width:100%;" type="text"/>	\$	4th	
(3)	(Line 3 Must Equal Line 2)			\$ <input style="width:100%;" type="text"/>