

# Reconciliation of License Fee Withheld

During Year Ended 12 / 31 / 2021

TO BE FILED BY FEBRUARY 28, 2022

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

**\*\* Include W-2's with Reconciliation \*\***

Federal I.D. Number

Phone Number



TOTAL NUMBER OF EMPLOYEES FOR THE YEAR

## ANNUAL RECONCILIATION

(1) Total Wages Paid For The Year	\$		
(2) Total License Fee Withheld For The Year	\$		

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments		COLUMN C Total For Year
January				
February				
March		\$	1st	
April				
May				
June		\$	2nd	
July				
August				
September		\$	3rd	
October				
November				
December		\$	4th	
(3)	(Line 3 Must Equal Line 2)			\$