

**WOODFORD COUNTY FISCAL COURT
RECONCILIATION OF LICENSE FEE WITHHELD**

FOR THE YEAR ENDING 12/31/20

DUE DATE : 2/28/20

EMPLOYERS NAME AND ADDRESS	ACCOUNT NUMBER: _____
	FEDERAL ID#: _____

ANNUAL RECONCILIATION	
(1) Total wages paid for the year	\$ _____
(2) Total license fee withheld for the year	\$ _____

	COLUMN A QUARTERLY PAYMENTS	COLUMN B TOTAL FOR YEAR
1ST QUARTER	\$ _____	
2ND QUARTER	\$ _____	
3RD QUARTER	\$ _____	
4TH QUARTER	\$ _____	

(3) LINE 3 MUST EQUAL LINE 2

\$	
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MAIL TO: WOODFORD COUNTY FISCAL COURT
103 SOUTH MAIN STREET
VERSAILLES, KY 40383

UNLESS YOUR PAYMENTS TO WOODFORD COUNTY WERE SHORT, NO PAYMENT IS REQUIRED WITH THIS RETURN.

****Please include W-2's when you send this in****