MAIL TO: DIRECTOR OF FINANCE
P.O. Box 550
Elizabethtown, KY 42702-0550

RECONCILIATION OF ELIZABETHTOWN LICENSE FEES WITHHELD

For the Year Ending December 31,

Forms available at www.elizabethtownky.org

Due By February 28,

1. Total number of employees listed hereon: _____
2. Total number of employees subject to license fee withholding: _____
3. Total Gross Wages Paid: $ _____

Identification Number/ Name and Address

4. Less: Wages not taxable to City of Elizabethtown (_____)
5. Taxable Wages Paid $ _____
6. Elizabethtown License Fee _____ 1.35 %
7. Total License Fees due to Elizabethtown $ _____
8. License Fees Paid for Quarter Ending

   March 31_____ June 30_____

   Sept. 30_____ Dec. 31_____
9. Total Paid for Year $ _____
10. Balance Due (Line 7 minus Line 9)
    (Attach check payable to: Director of Finance) $ _____
11. Overpayment (Line9 minus Line 7) $ _____

SOCIAL SECURITY NO.	EMPLOYEE NAME	GROSS WAGE PAID	TAXABLE WAGES PAID	ELIZABETHTOWN LIC. FEE (Taxable Wages x 1.35 %)
Total for This Page		$	$ $	
TOTALS FOR ALL PAGES		$	$ $	

(If not complete on this page, attach continuation sheet)