

CITY OF OWENSBORO
EMPLOYERS' ANNUAL RECONCILIATION OF
LICENSE FEE WITHHELD

FORM - REC

For Year Ended

Print Name & Address of Employer

Account #

Social Security# or
Federal ID #

Part I WITHHOLDING PAYMENT SCHEDULE

Jan _____	April _____	July _____	Oct _____
Feb _____	May _____	Aug _____	Nov _____
March or 1st Qtr _____	June or 2nd Qtr _____	Sept or 3rd Qtr _____	Dec or 4th Qtr _____
Number of Employees: _____		Total Payments \$ _____	

SEE INSTRUCTIONS

Part II LICENSE FEE COMPUTATION

NOTE:

Copies of Federal Forms W-2 and W-3, along with an Employee Benefit listing if required; or a Detailed Employee Listing with the Required Equivalent Information must be submitted with this form.

Due: February 28

REMIT & MAKE PAYMENT TO:

**OCCUPATIONAL TAX ADMINISTRATOR
PO BOX 10008
OWENSBORO, KY
42302-9008**

Phone: (270) 687-5600

www.owensboro.org

1) Total Wages, Tips, Other Compensation per Box 1 of Federal Form W-2 or W-3	_____
2) Add Deferred Compensation Contributed by Employees	_____
3) Add Employee Elections made under Section 125 of the Internal Revenue Code, plus other subject Welfare, Fringe and Benefit Plan Payments	_____
4) Total Gross Compensation (Add Lines 1 through Line 3)	_____
5) Less Total Gross Compensation Paid for Service Outside the City of Owensboro and Other Compensation not Subject.	_____
6) Taxable Compensation (Subtract Line 5 from Line 4)	_____
7) Occupational License Fee (Line 6 X 1.33%)	_____
8) Total Employee License Fee Remitted During Year (From Part I)	_____
9) If Line 7 is greater than Line 8, Enter Difference as License Fee Due (Attach separate sheet identifying period(s) underpayment occurred)	_____
10) Penalty @ 5% per calendar month or portion thereof not to exceed 25%. Minimum \$25	_____
11) Interest @ 1% per calendar month or portion thereof, from Due Date	_____
12) TOTAL AMOUNT DUE (Add Lines 9, 10 and 11)	_____
13) If Line 8 is greater than Line 7, Enter Difference as Overpayment	_____
(To claim refund of Overpayment, Amended Returns must be filed for periods in error)	

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

SIGNATURE

TITLE

DATE

() -
PHONE

DAVISS COUNTY FISCAL COURT
EMPLOYERS' ANNUAL RECONCILIATION OF
LICENSE FEE WITHHELD

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For Year Ended

Print Name & Address of Employer

Account #

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5) Less Total Gross Compensation Paid for Service Outside Daviess County and Other Compensation not Subject.	_____
6) Taxable Compensation (Subtract Line 5 from Line 4)	_____
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8) Total Employee License Fee Remitted During Year (From Part I)	_____
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