

CITY OF RADCLIFF
411 W. LINCOLN TRAIL BLVD, P O DRAWER 519
RADCLIFF, KY 40159-0519
(270) 351-4714

OCCUPATION PRIVILEGE FEE RECONCILIATION

ACCOUNT #:

BUSINESS NAME:

ADDRESS:

YEAR ENDING DATE: _____

1. TOTAL WAGES Paid for the YEAR	\$ _____
2. LESS WAGES Paid OUTSIDE of RADCLIFF	\$ _____
3. TOTAL RADCLIFF WAGES Paid for the YEAR	\$ _____
4. TOTAL RADCLIFF FEE WITHHELD	*\$ _____
5. 1st Quarter Payment	\$ _____
2nd Quarter Payment	\$ _____
3rd Quarter Payment	\$ _____
4th Quarter Payment	\$ _____
6. TOTAL OF QUARTERLY PAYMENTS	*\$ _____

RETURN THIS FORM ALONG WITH COPIES OF SUPPORTING W-2s BY APRIL 15.
BE SURE THE W-2s ARE LEGIBLE AND THAT #4 AND #6 ARE EQUAL* OR
EXPLAIN THE DIFFERENCE. ALSO INCLUDE A TAPE OF YOUR CALCULATIONS
WITH YOUR W-2s. BE SURE YOU RECONCILE BEFORE SUBMITTING.

SIGNATURE _____ DATE _____

Phone # _____ Comments: _____
