



**CITY OF WINCHESTER, KENTUCKY
RECONCILIATION OF LICENSE FEE WITHHELD
During Year Ended _____**

Mail Form to: Finance Department City of Winchester P O Box 4135 Winchester, KY 40392

1793 Business Name _____
 Address _____
 City, ST, Zip _____

To be filed by **February 28th**, _____ or with Final Return upon completion of work or closing of a business.

How to Reconcile Your Payroll and Withholdings

Section 1 (Quarterly) or Section 2 (Monthly) -Under TOTAL PAYROLL enter the quarterly or monthly totals of all compensation paid all employees. Deduct any payments for services performed outside Winchester and enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e. Vacation and Holiday pay, tips and gratuities.

Attach a list of each subject employee, the Social Security Number, Name, Address, and Zip Code; total compensation paid and amount of Winchester license fee withheld **Or submit copies of W2 forms** with an adding machine tape total of the license fee withheld, or a computer generated report which provides the required information may also be submitted. Attach Form DF-3 with Section 1 or Section 2 completed to the top of any W2's or computer listings.

SECTION 1 (Quarterly)	TOTAL PAYROLL	SUBJECT PAYROLL	LICENSE FEE WITHHELD
1. 1 ST Quarter ended March 31	\$ _____	\$ _____ X 2.0%	\$ _____
2. 2 nd Quarter ended June 30	\$ _____	\$ _____ X 2.0%	\$ _____
3. 3 rd Quarter ended Sept 30	\$ _____	\$ _____ X 2.0%	\$ _____
4. 4 th Quarter ended Dec 31	\$ _____	\$ _____ X 2.0%	\$ _____
5. TOTAL ALL QUARTERS	\$ _____	\$ _____	\$ _____
6. Actual Withholdings Remitted for the year on Form DF			\$ _____
7. Difference between lines 5 and 6 (if any, check applicable block below)			\$ _____
_____ Minor difference attributable to fractional variations only (no adjustments due)			
_____ Difference indicates insufficient total remittance for year. Check for payment attached.			
_____ Difference indicates overpayment not attributable to fractional variations. FULL EXPLANATION AND CLAIM FOR REFUND IS ATTACHED.			

8. Number of Employees _____
 _____ Signature _____ Title _____ Date _____

SECTION 2 (Monthly)	TOTAL PAYROLL	SUBJECT PAYROLL	LICENSE FEE WITHHELD
1. January	\$ _____	\$ _____ X 2.0%	\$ _____
2. February	\$ _____	\$ _____ X 2.0%	\$ _____
3. March	\$ _____	\$ _____ X 2.0%	\$ _____
4. April	\$ _____	\$ _____ X 2.0%	\$ _____
5. May	\$ _____	\$ _____ X 2.0%	\$ _____
6. June	\$ _____	\$ _____ X 2.0%	\$ _____
7. July	\$ _____	\$ _____ X 2.0%	\$ _____
8. August	\$ _____	\$ _____ X 2.0%	\$ _____
9. September	\$ _____	\$ _____ X 2.0%	\$ _____
10. October	\$ _____	\$ _____ X 2.0%	\$ _____
11. November	\$ _____	\$ _____ X 2.0%	\$ _____
12. December	\$ _____	\$ _____ X 2.0%	\$ _____
13. TOTAL ALL MONTHS	\$ _____	\$ _____	\$ _____
14. Actual Withholdings Remitted for the year on Form DF			\$ _____
15. Difference between lines 5 and 6 (if any, check applicable block below)			\$ _____
_____ Minor difference attributable to fractional variations only (no adjustments due)			
_____ Difference indicates insufficient total remittance for year. Check for payment attached.			
_____ Difference indicates overpayment not attributable to fractional variations. FULL EXPLANATION AND CLAIM FOR REFUND IS ATTACHED.			

16. Number of Employees _____
 _____ Signature _____ Title _____ Date _____