

**CITY OF FRANKLIN, KY  
EMPLOYERS ANNUAL RECONCILIATION  
PAYROLL/OCCUPATIONAL TAX WITHHELD**

YEAR ENDING 12-31-\_\_ DUE BY 2-28-\_\_

BUSINESS NAME \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

	<u>TOTAL PAYROLL</u>	<u>PAYROLL SUBJECT TO FEE</u>		<u>TOTAL WITHHELD</u>	<u>TOTAL REMITTED</u>
1 <sup>ST</sup> QTR	_____	_____	X 1%	_____	_____
2 <sup>ND</sup> QTR	_____	_____	X 1%	_____	_____
3 <sup>RD</sup> QTR	_____	_____	X 1%	_____	_____
4 <sup>TH</sup> QTR	_____	_____	X 1%	_____	_____
TOTAL	_____	_____		_____	_____

ADDITIONAL AMOUNT DUE \_\_\_\_\_

TOTAL # OF EMPLOYEES \_\_\_\_\_

AMOUNT TO BE REFUNDED \_\_\_\_\_

# OF EMPLOYEES SUBJECT TO FEE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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.

**REMIT TO: CITY OF FRANKLIN  
ATTN: OCCUPATIONAL FEES  
PO BOX 2805  
FRANKLIN, KY 42135**

**FAILURE TO FILE THIS RECONCILIATION WILL RESULT IN A MINIMUM \$25.00 PENALTY**  
**W-2s AND 1099s ARE REQUIRED**