


**ESTILL COUNTY TAX ADMINISTRATOR
RECONCILIATION OF LICENSE FEE WITHHELD**

YEAR: _____

	TOTAL PAYROLL	SUBJECT PAYROLL		TOTAL PAYROLL
1. 1st Quarter ended Mar. 31.....	\$ _____	\$ _____	x 2.00%	\$ _____
2. 2nd Quarter ended June 30....	\$ _____	\$ _____	x 2.00%	\$ _____
3. 3rd Quarter ended Sept. 30.....	\$ _____	\$ _____	x 2.00%	\$ _____
4. 4th Quarter ended Dec. 31.....	\$ _____	\$ _____	x 2.00%	\$ _____
5. TOTAL ALL QUARTERS.....	\$ _____	\$ _____		\$ _____
6. Actual withholding payments made quarterly on Occupational Tax Form.....				
7. Difference between lines 5 and 6 (if any, check applicable block below).....				
8. Number of employees _____				
	Signature _____		Title _____	
	Date _____			

Licensee Started: _____ 	Account Number <input style="width:100px; height:20px;" type="text"/> Federal ID No. <input style="width:100px; height:20px;" type="text"/> Phone Number <input style="width:100px; height:20px;" type="text"/>	<input type="checkbox"/> Any balance due is to be paid and shown on Occupational Tax Form as an adjustment. <input type="checkbox"/> Any overpayment is to be: <input type="checkbox"/> credited to next quarter <input type="checkbox"/> refunded
To Be Filed With The 4th Quarter's Return By January 31		



PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

CCQ2A