

<b>MAYBERRY COUNTY, KENTUCKY</b>		<b>HOW TO RECONCILE YOUR PAYROLL WITHHOLDING:</b>		
<b>RECONCILIATION OF LICENSE FEE WITHHELD DURING YEAR ENDED 2003</b>		Enter under SUBJECT PAYROLL the quarterly totals of all employees for services within Carroll County. Deduct \$5,000 for each such employee, and enter the balance for each quarter under TAXABLE PAUROLL. All compensation, i.e., Vacation, Sick, and Holiday Pay, is to be included in the payroll totals.		
*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS*				
	TOTAL PAYROLL	SUBJECT PAYROLL		TOTAL PAYROLL
1. 1st Quarter ended Mar. 31.....	\$	\$	X 3/4%=	\$
2. 2nd Quarter ended June 30.....	\$	\$	X 3/4%=	\$
3. 3rd Quarter ended Sept. 30.....	\$	\$	X 3/4%=	\$
4. 4th Quarter ended Dec. 31.....	\$	\$	X 3/4%=	\$
5. <b>TOTAL ALL QUARTERS</b> .....	\$	\$		\$
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 _____
<b>JOHN SMITH</b> <b>ABC PLUMBING SERVICE</b> <b>121 S MAIN ST</b> <b>SUITE 202</b> <b>LEXINGTON KY 40502</b>		Account Number	<input type="text" value="00002"/>	<input type="checkbox"/> Any balance due is to be paid and shown on CCQ Form 2 line 5, as an adjustment.
		Federal ID No.	<input type="text" value="61-1316647"/>	<input type="checkbox"/> Any overpayment is to be:
		Phone Number	<input type="text" value="(859) 255-1217"/>	<input type="checkbox"/> credited to next quarter
				<input type="checkbox"/> refunded
<b>To Be Filed With The 4th Quarter's Return By January 31</b>				 CCQ2A

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8. Number of employees _____ Signature _____		Title _____		Date _____
<b>JAMES WILSON</b> <b>BURGERMART INC.</b> <b>415 ABBY WAY</b> <b>LEXINGTON KY 40526</b>		Account Number	<input type="text" value="00003"/>	<input type="checkbox"/> Any balance due is to be paid and shown on CCQ Form 2 line 5, as an adjustment.
		Federal ID No.	<input type="text" value="61-6248767"/>	<input type="checkbox"/> Any overpayment is to be:
		Phone Number	<input type="text" value="(859) 273-9818"/>	<input type="checkbox"/> credited to next quarter
				<input type="checkbox"/> refunded
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5. <b>TOTAL ALL QUARTERS</b> .....	\$	\$		\$
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7. Difference between lines 5 and 6 (if any, check applicable block below).....				
8. Number of employees _____ Signature _____		Title _____		Date _____
<b>SAMUEL WIGGINGTON, SR.</b> <b>WIGGINGTON FINANCIAL SERVICES</b> <b>444 N SUMMER ST</b> <b>SUITE 802</b> <b>LEXINGTON KY 40502</b>		Account Number	<input type="text" value="00004"/>	<input type="checkbox"/> Any balance due is to be paid and shown on CCQ Form 2 line 5, as an adjustment.
		Federal ID No.	<input type="text" value="61-9213367"/>	<input type="checkbox"/> Any overpayment is to be:
		Phone Number	<input type="text" value="(859) 254-6399"/>	<input type="checkbox"/> credited to next quarter
				<input type="checkbox"/> refunded
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