| MAYBERRY COUN | ITY, KENTUCKY | | | | the quarterly totals of a such employee, and en | ter the | balance for each quar | |
|--|---|--|---|--|--|--|--|--|
| RECONCILIATION OF LI | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| *PLEASE MAKE A COPY OF TH | NDED 03 31 2003 IS FORM FOR YOUR RECORT | | TAXABLE PA | · · · · · · · · · · · · · · · · · · · | nsation, i.e., Vacation, S | ick, and | d Holiday Pay, is to be | e included |
| 1. 1st Quarter ended Mar. 31 | TOTAL PAYROLL | | | JBJECT PAYROLL | X 3/4%= | \$ | TOTAL PAYROLI | L |
| 2. 2nd Quarter ended June 30 | - | | \$ \$ | | X 3/4%= | | | |
| | • | | ф \$ | | X 3/4%= | \$ \$ | | |
| 3. 3rd Quarter ended Sept. 30 | • | | \$ \$ | | X 3/4%= | \$ | | |
| 4. 4th Quarter ended Dec. 31 | | | ψ ¢ | | X 3/4%= | · | | |
| 5. TOTAL ALL QUARTERS | | | Ψ | | | \$ | | |
| Actual withholding payments made qua | • | | | | | _ | | |
| 7. Difference between lines 5 and 6 (if any | |) | | | | _ | | |
| 8. Number of employees Sig JOHN SMITH | nature | | | Title | is to be paid and show | n on C | DateDate | DUNTY. |
| ABC PLUMBING SERVICE 121 S MAIN ST | Account Number | | | Form 2 line 5, as | an adjustment. | /// O// C | KENTUCKY PO BOX 5555 | , |
| SUITE 202 | Federal ID No. | | 255-1217 | Any overpaymen | nt is to be: ited to next quarter | | MAYBERRY | KY 55555 |
| LEXINGTON KY 40502 | Phone Number | (659) 2 | | refur | nded | | (555) 555-330 | - 1 |
| | | | 10 8 | ie Filed With The 4t | th Quarter's Return By | / Janua | ary 31 | PAY |
| | | | | | | | | |
| | | | | | | VD 01 | | • |
| MAYBERRY COUN | | | Enter under S | | CONCILE YOUR PA | | | |
| RECONCILIATION OF LI | CENSE FEE WITHINDED 03 31 2003 | | | | such employee, and ennsation, i.e., Vacation, i.e., | | | |
| *PLEASE MAKE A COPY OF TH | | | the payroll tot | • | isation, i.e., vacation, c | ick, and | u Holiday Pay, is to be | riciuded |
| 1st Quarter ended Mar. 31 | TOTAL PAYROLL \$ | | SU \$ | JBJECT PAYROLL | X 3/4%= | \$ | TOTAL PAYROLI | L |
| 2. 2nd Quarter ended June 30 | \$ | | \$ | | X 3/4%= | \$ | | |
| 3rd Quarter ended Sept. 30 | <u>•</u> | _ | \$ | | X 3/4%= | \$ | | |
| 4. 4th Quarter ended Dec. 31 4. 4th Quarter ended Dec. 31 | | | \$ \$ | | X 3/4%= | \$ \$ | | |
| 5. TOTAL ALL QUARTERS | · | _ | \$ | | 7, 3, 4, 70= | \$ | | |
| | | + | <u>*</u> | + | | Ψ | | |
| Actual withholding payments made qua | , | | | | | _ | | |
| . Difference between lines 5 and 6 (if any | |) | | | | _ | D. 1 | |
| Number of employees Sig | nature | | | Title | is to be paid and show | m on C | DateDate | DUNTY. |
| BURGERMART INC. | Account Number | | 03 | | s an adjustment. | iii oii C | KENTUCKY | |
| 45 ADDV WAV | E 1 11D N | | | | | | PO BOX 5555 | |
| 15 ABBY WAY | Federal ID No. | | 248767 | Any overpaymen | nt is to be: | | PO BOX 5555 MAYBERRY | KY 55555 |
| 15 ABBY WAY EXINGTON KY 40526 | Phone Number | | 73-9818 To B | Any overpaymen credii refur se Filed With The 4t | nt is to be: ited to next quarter ided th Quarter's Return By | YROL | MAYBERRY I (555) 555-330 ary 31 | KY 55555 |
| MAYBERRY COUN | Phone Number NTY, KENTUCKY CENSE FEE WITH | (859) 2 | To B | Any overpaymen credirefur full refur full re | nt is to be: ited to next quarter inded th Quarter's Return By CONCILE YOUR PA the quarterly totals of is | YROL all empl | MAYBERRY I (555) 555-330 ary 31 LL WITHHOLDING loyees for services wit balance for each quar | KY 55555 |
| 15 ABBY WAY EXINGTON KY 40526 | Phone Number TY, KENTUCKY CENSE FEE WITHINGED 03 31 2003 IS FORM FOR YOUR RECORI | (859) 2 HELD | To B Enter under S County. Ded TAXABLE PA the payroll tot | Any overpaymen credirefur full refur full re | nt is to be: ited to next quarter inded th Quarter's Return By CONCILE YOUR PA the quarterly totals of | YROL all empl | MAYBERRY I (555) 555-330 ary 31 LL WITHHOLDING loyees for services wit balance for each quar d Holiday Pay, is to be | thin Carro |
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