

Please mail original employees' W-2's with this reconciliation form

Hart County, Kentucky Reconciliation of License Fee Withheld

During Year Ended 12/31/202
To Be Filed By 01/31/202

Mail To:
Hart County Occupational License Fee
PO Box 247
Munfordville, KY 42765

**YOU MUST FILE THIS RETURN IF YOU PAID HART COUNTY
WAGES DURING THE YEAR LISTED ABOVE**

Account Number Name and Address (Indicate any change in ownership, name, or address) Federal I.D. Number

	COLUMN A Total Wages	COLUMN B Subject Wages	COLUMN C Tax Paid
1st Quarter			
2nd Quarter			
3rd Quarter			
4th Quarter			
TOTAL			

NUMBER OF EMPLOYEES
AND W-2's ATTACHED _____

- | | |
|---------------------------------|----------|
| 1. TOTAL TAX WITHHELD PER W-2's | \$ _____ |
| 2. UNDERPAYMENT | \$ _____ |
| 3. ADJUSTMENTS | \$ _____ |
| 4. BALANCE DUE | \$ _____ |

Minor differences due to fractional variations or rounding only

PAYMENT NOT REQUIRED IF LESS THAN \$1.00

NO REFUND OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM. YOU MUST SUBMIT AN AMENDED RETURN WITH A COPY OF THE ORIGINAL RETURN FOR ANY QUARTER THAT HAS BEEN OVERPAID

YOU MUST INCLUDE A TOTALED EMPLOYEE LISTING OR COPIES OF W-2's AND W-3

THE LISTING MUST INCLUDE THE FOLLOWING INFORMATION: EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER, GROSS WAGES, HART COUNTY WAGES, HART COUNTY OCCUPATION TAX WITHHELD.

IF YOU HAVE ANY QUESTIONS PLEASE CALL 270-524-3507