

CITY OF AUBURN, KY ANNUAL RECONCILIATION FORM

AUBURN KY, OCCUPATIONAL TAX

RETURN THIS FORM ALONG WITH COPIES OF W2's AND 1099's
NO LATER THAN JANUARY 31ST (only 1099's that are applicable to Auburn, KY)

EMPLOYER'S NAME AND ADDRESS

FOR YEAR

Total # of Employees

(1) Total compensation (gross salaries, wages and any other form or remuneration) paid for the year	\$		
(2) Less Compensation paid for work outside of Auburn, KY	\$		
(3) Taxable earnings subject to license tax (Subtract line 2 from line 1)	\$		
(4) Occupational license tax due (Line 3 x 1.5%)	\$		
TOTAL WITHHOLDING PER W2's		\$	

QUARTERLY PAYMENTS MADE			
1 st Quarter – January, February, March	\$		
2 nd Quarter – April, May, June	\$		
3 rd Quarter – July, August, September	\$		
4 th Quarter – October, November, December	\$		
Total Occupational Tax remitted for the year	\$		

Enter the DIFFERENCE between total remitted for the year and total withholding per W2's	\$		
<input type="checkbox"/> Difference indicates an underpayment for the year (Enclose Payment)			
<input type="checkbox"/> Difference indicates overpayment. Credit to next quarter () Refund ()			
<input type="checkbox"/> Minor difference due to rounding (no adjustment due)			

Signature _____ Phone _____ Date _____

MAIL COMPLETED FORM AND W2's TO:

AUBURN, KY OCCUPATIONAL TAX
PO BOX 465
AUBURN, KY 42206

Phone: (270) 542-4149 ext. 202