




| MCCREARY COUNTY TAX ADMINISTRATOR RECONCILIATION OF LICENSE FEE WITHHELD DURING YEAR ENDED 2016 <small>*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS*</small> | HOW TO RECONCILE YOUR PAYROLL WITHHOLDING! <small>Enter under SUBJECT PAYROLL the quarterly totals of all employees for services within McCreary County. All compensation, i.e., Vacation, Sick, and Holiday Pay, is to be included in the payroll totals. Must provide a payroll spreadsheet or copies of W-2's to complete this form</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|-----------------|-----------------|--------------------------|--|---------------|-----------------------------------|----|--|----|--|--------|----|-----------------------------------|----|--|----|--|--------|----|------------------------------------|----|--|----|--|--------|----|-----------------------------------|----|--|----|--|--------|----|------------------------------------|----|--|----|--|--|----|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--------------------------|---|--|--|--|--|--|--------------------------|----------|--|
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| | | | | | <input type="checkbox"/> | refunded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To Be Filed on or before February 28th | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| MCCREARY COUNTY TAX ADMINISTRATOR RECONCILIATION OF LICENSE FEE WITHHELD DURING YEAR ENDED 2016 <small>*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS*</small> | HOW TO RECONCILE YOUR PAYROLL WITHHOLDING! <small>Enter under SUBJECT PAYROLL the quarterly totals of all employees for services within McCreary County. All compensation, i.e., Vacation, Sick, and Holiday Pay, is to be included in the payroll totals. Must provide a payroll spreadsheet or copies of W-2's to complete this form</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|-----------------|-----------------|--------------------------|--|---------------|-----------------------------------|----|--|----|--|--------|----|-----------------------------------|----|--|----|--|--------|----|------------------------------------|----|--|----|--|--------|----|-----------------------------------|----|--|----|--|--------|----|------------------------------------|----|--|----|--|--|----|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--------------------------|---|--|--|--|--|--|--------------------------|----------|--|
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%; text-align:center;">TOTAL PAYROLL</th> <th style="width:33%;"></th> <th style="width:33%; text-align:center;">SUBJECT PAYROLL</th> <th style="width:33%;"></th> <th style="width:33%;"></th> <th style="width:33%; text-align:center;">TOTAL PAYROLL</th> </tr> </thead> <tbody> <tr> <td>1. 1st Quarter ended Mar. 31.....</td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:center;">X 1% =</td> <td style="text-align:right;">\$</td> </tr> <tr> <td>2. 2nd Quarter ended June 30.....</td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:center;">X 1% =</td> <td style="text-align:right;">\$</td> </tr> <tr> <td>3. 3rd Quarter ended Sept. 30.....</td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:center;">X 1% =</td> <td style="text-align:right;">\$</td> </tr> <tr> <td>4. 4th Quarter ended Dec. 31.....</td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:center;">X 1% =</td> <td style="text-align:right;">\$</td> </tr> <tr> <td>5. TOTAL ALL QUARTERS.....</td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align:right;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td></td> <td style="text-align:right;">\$</td> </tr> <tr> <td colspan="7">6. Actual withholding payments made quarterly on Occupational Tax Form.....</td> </tr> <tr> <td colspan="7">7. Difference between lines 5 and 6 (if any, check applicable block below).....</td> </tr> <tr> <td colspan="7">8. Number of employees _____ Signature _____ Title _____ Date _____</td> </tr> <tr> <td colspan="2"></td> <td>Account Number</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td>Federal ID No</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td>Phone Number</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="5"></td> <td><input type="checkbox"/></td> <td>Any balance due is to be paid and shown on McCO Form OCC-1pt REV.10/18/13, line 3, as an adjustment.</td> </tr> <tr> <td colspan="5"></td> <td><input type="checkbox"/></td> <td>Any overpayment is to be credited to next quarter</td> </tr> <tr> <td colspan="5"></td> <td><input type="checkbox"/></td> <td>refunded</td> </tr> </tbody> </table> | | TOTAL PAYROLL | | SUBJECT PAYROLL | | | TOTAL PAYROLL | 1. 1st Quarter ended Mar. 31..... | \$ | | \$ | | X 1% = | \$ | 2. 2nd Quarter ended June 30..... | \$ | | \$ | | X 1% = | \$ | 3. 3rd Quarter ended Sept. 30..... | \$ | | \$ | | X 1% = | \$ | 4. 4th Quarter ended Dec. 31..... | \$ | | \$ | | X 1% = | \$ | 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 _____ | | | | | | | | | Account Number | | | | | | | Federal ID No | | | | | | | Phone Number | | | | | | | | | | <input type="checkbox"/> | Any balance due is to be paid and shown on McCO Form OCC-1pt REV.10/18/13, line 3, as an adjustment. | | | | | | <input type="checkbox"/> | Any overpayment is to be credited to next quarter | | | | | | <input type="checkbox"/> | refunded |  McRecon-13 |
| | TOTAL PAYROLL | | SUBJECT PAYROLL | | | TOTAL PAYROLL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 1st Quarter ended Mar. 31..... | \$ | | \$ | | X 1% = | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 2nd Quarter ended June 30..... | \$ | | \$ | | X 1% = | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. 3rd Quarter ended Sept. 30..... | \$ | | \$ | | X 1% = | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. 4th Quarter ended Dec. 31..... | \$ | | \$ | | X 1% = | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Account Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Federal ID No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | <input type="checkbox"/> | refunded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To Be Filed on or before February 28th | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |