



CITY OF BOWLING GREEN, KY
 P.O. Box 1410
 Bowling Green, KY 42102-1410
 (270) 393-3000
 www.bgky.org

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ANNUAL RECONCILIATION

*** MAIL TO ABOVE ADDRESS ***
 EMPLOYER ADDRESS

FOR	YEAR	ENDED	DUE ON OR BEFORE
CITY OCCUPATIONAL ACCOUNT NUMBER			
S.S.# OR FED. I.D.#			

CITY EMPLOYEE WITHHOLDING TAX

Jan _____	April _____	July _____	Oct _____
Feb _____	May _____	Aug _____	Nov _____
March or 1 st Qtr _____	June or 2 nd Qtr _____	Sept or 3 rd Qtr _____	Dec or 4 th Qtr _____
Number of Employees: _____			Total City Taxes Paid: \$ _____ (show this amount on line 8)

FEE COMPUTATION

*****IMPORTANT*****
 The following **MUST**
 be enclosed

*Copies of Federal
 Forms W-2 and W-3

*Payroll Register
 Annual Totals
 Including All
 Deferred Compensation
 and
 Term Life Insurance
 over \$50,000

DUE
FEBRUARY 28

- Total Gross Salaries, Wages, and Other Compensation per box one of Federal Form W-2 or W-3. \$ _____
- Add *Deferred Compensation Contributed by employees. (i.e. retirement, profit sharing, 401K, etc.) \$ _____
- Add Employee Elections made under Section 125 of the Internal Revenue Code plus other subject Welfare, Fringe, and Benefit Plan Payments. \$ _____
- Total Gross Compensation (add lines 1 through 3.) \$ _____
- Less Total Gross Compensation Paid for Services Outside City. \$ _____
- Taxable Earnings inside City (subtract line 5 from line 4.) \$ _____
- City Employee Withholding Tax due the City (line 6 x 2.00%). \$ _____
- Total City Employee Withholding Taxes remitted. \$ _____
- Balance Due (if line 7 is more than line 8 subtract line 8 from line 7.) \$ _____
(No adjustment due for minor difference attributable to fractional variations only.
No refunds or credit will result from entries made on this form. An amended return for the period overpaid must be filed separately with a letter of explanation.)
- Interest @ 1% per calendar month, or portion thereof, from Due Date \$ _____
- A payment of \$ _____ is enclosed. Make check payable to City of Bowling Green.

RETURN MUST BE SIGNED. I hereby certify, under penalty of perjury, that the statements made herein and in my supporting schedules are true, correct, and complete to the best of my knowledge.

Signature

Title

Telephone Number