



McLean County License Fee Administrator
 PO Box 128
 Calhoun, KY 42327

Phone
 (270)273-9170

Office Hours
 Tuesday-Thursday

EMPLOYER'S RECONCILIATION OF LICENSE FEES WITHHELD
FOR YEAR: 2017

This form is to be completed by employers and mailed with the 4th quarter returns by January 31, 2018.

Type or Print Employer's Name and Address

All questions are for the period: JANUARY 1, 2017 – DECEMBER 31, 2017

- | | |
|---|----------|
| 1. Total number of employees | _____ |
| 2. Total salaries, wages, & commissions paid to employee(s) | \$ _____ |
| 3. Less compensation paid to any employee(s) over \$50,000.00 | \$ _____ |
| 4. Less compensation paid for services performed outside McLean County | \$ _____ |
| 5. Taxable Earnings
(subtract lines 3 & 4 from line 2) | \$ _____ |
| 6. Actual tax due
(1% of line 5) | \$ _____ |
| 7. Actual tax paid | \$ _____ |
| 8. Amount due
(if line 6 is greater than line 7, attach check for payment due) | \$ _____ |
| 9. Amount overpaid
(if line 7 is greater than line 6, attach a letter requesting refund) | \$ _____ |

I hereby certify that the statements made herein and in any supporting documents are true, correct, and complete to the best of my knowledge.

_____	_____	_____
Date	Signature	Title

The employer must attach a typed or printed list giving the name, address, social security number, total earnings, and total license fee withheld for each employee.