CITY OF BEATTYVILLE

PO BOX 307

BEATTYVILLE, KY 41311-0307

SELF-EMPLOYED LICENSE TAX ANNUAL RECONCILIATION

EMPLOYER NAME: ACCOUNT #

ADDRESS: YEAR OF RECONCILIATION

ANNUAL RECONCILIATION MUST BE COMPLETED AND RETUTNED TO THE CITY OF BEATTYVILLE

Total Gross Wages 1

Total Expenditures 2

Total Adjusted Gross Wages 3

Total 1% (.01) Employee License Tax Withheld 4

Taxes Due 5

**PAYMENTS MADE BY QUARTER**

1st Quarter $

2nd Quarter $

3rd Quarter $

4th Quarter $

Total of all 4 quarters. (Must equal line 5 above) $

**I declare, under penalties of perjury that this reconciliation has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.**

Signature Title Date

Attach white copy to Fourth Quarter Return (if applicable) and return to:

City Clerk

City of Beattyville

PO Box 307

Beattyville, KY 41311-0307

REMEMBER TO SUBMIT WAGE STATEMEWNTS WITH RETURN