CITY of MOREHEAD KENTUCKY

Occupational License Fees

TAX OFFICE USE ONLY	
DATE RECEIVED	
DATE POSTED	
G/L	
DUE AMT (IF ANY)	
INITIALS	

EMPLOYEERS ANNUAL RECONCILIATION OF LICENSE FEE WITHHELD

Enter all compensation paid to employees in **TOTAL PAYROLL** column. Enter compensation for services performed in City of Morehead in **LOCAL PAYROLL** column. **LOCAL PAYROLL** includes all wages, vacation, sick pay, holiday pay, tips, and gratuities. On second page, enter for each subject employee the information indicated. Total compensation paid (before the deduction of any pre-taxed items) and amount of MOREHEAD license fee withheld. Attach additional sheets, if necessary to complete this reconciliation. Employers may opt to submit copies of forms W-2 or 1099, or other data listings that include needed information for this reconciliation, which is acceptable as long as it contains full information for employee(s). DUE ON or BEFORE **FEBRUARY 28th** for PRIOR YEAR payroll.

PIDN

Employer Name

Mailing Address

City

ST Zip

Contact

Email

Phone

Year Ending	Due Date
mm/dd/yyyy	mm/dd/yyyy

1. **Number of Employees Subject to Taxes** _____

Total Payroll is actual payroll including benefits

Local payroll is subject to Occupational Fee of 1.50%

	TOTAL PAYROLL	LOCAL PAYROLL	LICENSE FEE DUE
2. 1st Quarter ended Mar 31			$ 0.00
3. 2nd Quarter ended Jun 30			$ 0.00
4. 3rd Quarter ended Sep 30			$ 0.00
5. 4th Quarter ended Dec 31			
6. Annual Total(s)	**$ 0.00**	**$ 0.00**	**$ 0.00**

7. Actual License fee withheld per W-2s

8. Enter the larger of line 6 or line 7

9. Acutal License Fee submitted by Employer for year

10. Difference between line 8 and line 9 (if any, check applicable box below)

- ☐ Minor difference attributable to fractional variations only (no adjustment due)
- ☐ Difference indicates insufficient total remittance for year. Payment enclosed.
- ☐ Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.

Mail to:

City of Morehead
PO Box 490
Morehead, KY 40351

(606)784-9744
businesslicensing@morehead-ky.gov

Information obtained from this form, including the business name, business address, names of owner(s) and agent(s) of the business, and whether or not the business is delinquent in the payment of its taxes is subject to public disclosure. All proprietary and confidential information exempt from disclosure under the Kentucky Open Records Act shall be confidential and shall not be disclosed.

I certify that the information contained herein and any schedules or exhibits attached are correct.

Signature of taxpayer/preparer _____ Title _____ Date _____

Annual Reconcilliation of Occupational Tax Withheld - City of Morehead, KY

Employer Name_____ **Year Ending**_____

Filer may attach a separate listing if desired

Employee Name	SSN	Address, City, Zip	Total Annual Earnings	License Fee Withheld
		Page Subtotal or Report Total		