

2020 RECONCILIATION OF LICENSE TAX WITHHELD

Georgetown/Scott County Revenue Commission

P O Box 800, Georgetown, KY 40324



Employers name & address - Section A

During year ended December 31, 2020

To be filed by March 1, 2021

FEDERAL ID #

CITY OF GEORGETOWN - Section B

	TOTAL PAYROLL (Column A)	GEORGETOWN PAYROLL (Column B)		Column C
1 1st Quarter ended March 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 remitted				\$
7 Difference (subtract line 6 from line 5)(if any, check box below)				\$

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

Number of employees working in Georgetown

SCOTT COUNTY - Section C

	TOTAL PAYROLL (Column A)	SCOTT COUNTY PAYROLL (Column B)		Column C
1 1st Quarter ended March 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 remitted				\$
7 Difference (subtract line 6 from line 5)(if any, check box below)				\$

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

Number of employees working in Scott County

OFFICE USE ONLY

Rec'd

Check No.

Amt.

By

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Georgetown/Scott County Revenue Commission

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Employers name & address

During year ended December 31, 2020

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SCOTT COUNTY SCHOOL DISTRICT - Section D

	TOTAL PAYROLL (Column A)	SCHOOL PAYROLL (Column B)		Column C
1 1st Quarter ended March 31	\$	\$	X .5%	\$
2 2nd Quarter ended June 30	\$	\$	X .5%	\$
3 3rd Quarter ended Sept 30	\$	\$	X .5%	\$
4 4th Quarter ended Dec 31	\$	\$	X .5%	\$
5 TOTAL ALL QUARTERS	\$	\$		\$
6 Actual withholding payments remitted				\$
7 Difference (subtract line 6 from line 5)(if any, check box below)				\$
<input type="checkbox"/> Minor difference attributable to fractional variations only (no adjustment due).				
<input type="checkbox"/> Difference indicates insufficient total remittance for year. Payment for tax due attached.				
<input type="checkbox"/> Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.				
Number of employees living & working in Scott County				

FRINGE BENEFITS- Section E

For each of the following benefits:	Did your employees participate in?		Was the license tax withheld?	
	Yes	No	Yes	No
a) Deferred compensation	Yes	No	Yes	No
b) Cafeteria plan	Yes	No	Yes	No
c) Group-term life insurance over \$50,000	Yes	No	Yes	No
d) Other?	Yes	No	Yes	No
e) Other?	Yes	No	Yes	No
f) Other?	Yes	No	Yes	No

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

Signature

Date

Printed name

Title

ATTACH W-2s AND W-3s OR EQUIVALENT EMPLOYEE LISTING