

**CITY OF ADAIRVILLE  
110 N. Main Street  
P. O. Box 185  
Adairville, KY 42202  
270-539-6731**

**ANNUAL RECONCILIATION OF LICENSE FEES WITHHELD  
FOR YEAR ENDED DECEMBER 31, \_\_\_\_\_**

**Report due by February 28<sup>th</sup>**

**EMPLOYER NAME AND ADDRESS**

**LICENSE FEES WITHHELD**

\_\_\_\_\_

**1<sup>ST</sup> QUARTER** \_\_\_\_\_

\_\_\_\_\_

**2<sup>ND</sup> QUARTER** \_\_\_\_\_

\_\_\_\_\_

**3<sup>RD</sup> QUARTER** \_\_\_\_\_

\_\_\_\_\_

**4<sup>TH</sup> QUARTER** \_\_\_\_\_

**TOTAL FOR YEAR**

\_\_\_\_\_

**Listing of individual amounts withheld; a copy of each W-2 issued may be submitted in lieu of a list of individuals.**

<b>EMPLOYEE</b>	<b>ADDRESS</b>	<b>GROSS WAGES</b>	<b>TAX W/H</b>
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**TOTAL (Attach additional pages as necessary)** \_\_\_\_\_