

Reconciliation of Harrodsburg License Fee Withheld During Year Ended 20__

To Be Filed With The 4th Quarter's Return By January 31 - OR With The FINAL
Quarterly Return Of The Closing Of Any Business - Either By Sale or Dissolution

TYPE OR PRINT IN THIS SPACE:

**EMPLOYER'S NAME AND ADDRESS OF PRINCIPAL
PLACE OF BUSINESS - AND CUSTOMER NUMBER**

Customer Number: _____

Name: _____

Address: _____

1. Total Number of Employees as listed hereon _____

2. Total Harrodsburg License Fee withheld

1st Quarter ended Mar. 31 _____

2nd Quarter ended June 30 _____

3rd Quarter ended Sept. 30 _____

4th Quarter ended Dec. 31 _____

Total Remitted for Year _____

SOCIAL SECURITY NO.	NAME OF EMPLOYEE	GROSS WAGES PAID	OCCUPATIONAL LICENSE WITHHELD
IF OTHER PAGES USED, TOTAL THIS PAGE		\$	\$
IF REPORT IS COMPLETED ON THIS PAGE, TOTAL HERE		\$	\$