



**City of Scottsville, KY**  
**OCCUPATIONAL TAX ANNUAL RECONCILIATION**

City Treasurer's Office  
201 West Main Street, Suite 8  
Scottsville, KY 42164  
(270) 237-4472 phone  
(270) 237-4922 fax

**20\_\_\_\_\_ ANNUAL RECONCILIATION MUST BE COMPLETED AND  
RETURNED BY FEB. 28.**

**Account Number:** \_\_\_\_\_ **SSN or Federal Tax ID#** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_

- 1. TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_
- 2. TOTAL GROSS WAGES PAID: \_\_\_\_\_
- 3. TOTAL TAXES DUE (1.5% OF LINE 2) \_\_\_\_\_
- 4. TOTAL TAXES PAID IN YEAR \_\_\_\_\_
- 5. BALANCE DUE (LINE 3 – LINE 4) \_\_\_\_\_

**A PAYMENT OF \$\_\_\_\_\_ IS ENCLOSED. MAKE CHECKS PAYABLE TO CITY OF SCOTTSVILLE.**

**PAYMENTS BY QUARTER**

**1ST QUARTER** \_\_\_\_\_

**2ND QUARTER** \_\_\_\_\_

**3RD QUARTER** \_\_\_\_\_

**4TH QUARTER** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

*I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.*

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\***

**RETURN THIS FORM ALONG WITH COPIES OF FEDERAL W-2 FORMS AND LIST  
OF 1099s GIVEN BY YOUR COMPANY TO VENDORS WITHIN THE CITY OF  
SCOTTSVILLE.**