

RECONCILIATION OF LEBANON OCCUPATIONAL LICENSE FEE WITHHELD
 FOR THE CALENDER YEAR ENDED DECEMBER 31, 2_____

(This return must be filed on or before February 28)

Employer Name _____

Address _____

City _____ State _____ Zip _____

1. EMPLOYEE LIST (Use Continuation Sheet, Form 543C for additional employees or use W-2 Forms in lieu of 543C)

| Social Security No. | Name & Address of Employee | Gross Wages, etc. Paid | Wages, etc. Allocable to Lebanon, KY | Occupational License Tax Withheld |
|---------------------|----------------------------|------------------------|--------------------------------------|-----------------------------------|
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- 2. TOTAL THIS PAGE.....
- 3. TOTAL ALL PAGES.....
- 4. TOTAL PAGES THIS REPORT.....
- 5. TOTAL NO. EMPLOYEES REPORTED.....

6. QUARTERLY TOTALS (As Reported on Form 541Q)

| QUARTER | Gross Wages, Etc. | Wages Allocable to Lebanon | License Fee Payable @1% | Amount Remitted to City of Lebanon |
|-----------|-------------------|----------------------------|-------------------------|------------------------------------|
| 1st | | | | |
| 2nd | | | | |
| 3rd | | | | |
| 4th | | | | |
| 7. TOTALS | | | | |

***NOTE: TOTALS SHOULD AGREE WITH TOTALS IN ITEM NO. 3**

I declare that to the best of my knowledge and belief, that all information provided herein is true, complete, and correct.

Signature _____ Date _____ Title _____

Make checks payable and mail return to City of Lebanon, P.O. Box 840, Lebanon, KY 40033

