



LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
2014 RECONCILIATION OF LICENSE FEE WITHHELD

Account Number \_\_\_\_\_

During year ended December 31, 2014

To be filed by February 28, 2015

Federal ID or SSN \_\_\_\_\_
(To be entered by taxpayer)

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS
Enter under TOTAL PAYROLL the quarterly (quarterly filers) or monthly totals (monthly filers) of all compensation paid all employees. Deduct any payments for services performed outside Fayette County and enter balances in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e. vacation and holiday pay, tips and gratuities.

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN BELOW

Enter on reverse side for each subject employee the Social Security No., name, address and zip code, total compensation paid (before the deduction of any pre-taxed items) and amount of Fayette County license fee withheld. Attach additional sheets of this size if space requirements are inadequate. Employers may opt to submit copies of W2 forms or other type listings which provide the required information.

Table with columns: TOTAL PAYROLL, SUBJECT PAYROLL, LICENSE FEE DUE. Rows 1-13 for months/quarters, 14 for actual license fee withheld, 15 for larger of 13 or 14, 16 for actual license fee remitted, 17 for difference between 15 and 16.

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

Make Check Payable to: L.F.U.C.G.
Mail to: Division of Revenue
Lex-Fay Urban Co Govt
P.O. Box 14058
Lexington KY 40512

Table for question 18: For each of the following benefits: a) Deferred compensation, b) Cafeteria plan, c) Group-term life insurance over \$50,000, d) Other?, e) Other?, f) Other?. Columns: Did your employees participate in? (Yes/No), Was the license fee withheld? (Yes/No).

Number of employees: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

NAME, ADDRESS, & SOCIAL SECURITY NO. OF EMPLOYEE

Total Earnings  
For The Year

License Fee Withheld

If report is completed on this page total here