

**W-2 forms MUST accompany this reconciliation. See instructions on reverse.**

X

| 0.0105       | 0.0125            | 0.0150     | 0.0100      | 0.0250    | 0.0100           |
|--------------|-------------------|------------|-------------|-----------|------------------|
| CAMPBELL CO. | CITY: FORT THOMAS | ALEXANDRIA | COLD SPRING | SOUTHGATE | HIGHLAND HEIGHTS |
|              |                   |            |             |           |                  |
|              |                   |            |             |           |                  |
|              |                   |            |             |           |                  |
|              |                   |            |             |           |                  |
|              |                   |            |             |           |                  |
|              |                   |            |             |           |                  |
| \$ 0.00      | \$ 0.00           | \$ 0.00    | \$ 0.00     | \$ 0.00   | \$ 0.00          |

|   |                                                                                                                  |
|---|------------------------------------------------------------------------------------------------------------------|
| 1 | TOTAL GROSS COMPENSATION PAID TO EMPLOYEES                                                                       |
| 2 | TOTAL EXCLUDED COMPENSATION PAID IN EXCESS OF MAXIMUM TAXABLE PER<br>EMPLOYEE (SEE TAX TABLE, P. 2 INSTRUCTIONS) |
| 3 | TAXABLE COMPENSATION (SUBTRACT TOTAL IN LINE 2 FROM TOTAL IN LINE 1)                                             |
| 4 | TOTAL WITHHOLDING FEES DUE (MULTIPLY LINE 3 BY TAX RATE FOR JURISDICTION<br>(SEE TAX TABLE, P. 2 INSTRUCTIONS)   |
| 5 | TOTAL FEES WITHHELD PER W-2s                                                                                     |

7 DIFFERENCE BETWEEN LINES 6 AND 4  
(IF ANY, CHECK APPLICABLE BOX BELOW)

**EXPLANATION AND CLAIM FOR REFUND IS ATTACHED.**



## **INSTRUCTIONS FOR ANNUAL RECONCILIATION OF EMPLOYER**

CC-AR REV 1121

### **QUARTERLY WITHHOLDING**

**MAIL W-2 COPIES TOGETHER WITH ANNUAL RECONCILIATION FORM SEPARATELY FROM 4TH QUARTER RETURN. SEE MAILING ADDRESS BELOW.**

#### **GENERAL INFORMATION:**

Each employer shall on or before February 28 of each year complete and file an Annual Reconciliation of Employer Quarterly Withholding. Either copies of federal Forms W-2 or a detailed employee listing with equivalent information must be submitted. Each employer shall furnish each employee a statement on or before January 31 of each year showing the amount of compensation and the license fees deducted and paid by said employer during the preceding calendar year.

All employers must file this Annual Reconciliation regardless of when their payroll ceased during the year.

**IN THE BOX PROVIDED, PRINT THE EMPLOYER NAME, ADDRESS, CAMPBELL COUNTY TAX ACCOUNT NUMBER, AND FEDERAL EMPLOYER IDENTIFICATION NUMBER.**

**PREPARER SHALL SIGN AND DATE THE RECONCILIATION AND PROVIDE HIS/HER TITLE AND PHONE NUMBER.**

#### **HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS:**

**SECTION A.** Enter the total Payroll Withholding Fees paid for each quarter of the tax year for each jurisdiction.

ALSO, ENTER THE TOTAL AMOUNT REMITTED ON LINE 6 IN SECTION B.

#### **SECTION B.**

**LINE 1: "TOTAL GROSS COMPENSATION TO EMPLOYEES."** Enter the total gross compensation for all employees for Campbell County and each City. Deduct any compensation for services performed outside of Campbell County.

**LINE 2: "TOTAL EXCLUDED COMPENSATION PAID IN EXCESS OF MAXIMUM TAXABLE."** Enter the compensation to employees in excess of the Maximum Wage Limit per Individual for each employee for the calendar year – **SEE TAX TABLE.**

**LINE 3: "TAXABLE COMPENSATION."** The amount of compensation subject to tax. Subtract Line 2 from Line 1.

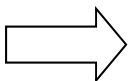
**LINE 4: "TOTAL WITHHOLDING FEES DUE."** Multiply the result in Line 3 by the payroll withholding rate for Campbell County and each City – **SEE TAX TABLE.**

**LINE 5: "TOTAL FEES WITHHELD PER W-2s."** Enter the total amount of fees withheld shown in the W-2 listing for Campbell County and each City.

**LINE 6: "TOTAL FEES REMITTED FOR TAX YEAR."** Enter result from Section A for Campbell County and each City.

**LINE 7: "DIFFERENCE BETWEEN LINES 6 AND 4."** Enter the difference for Campbell County and each City. Check the appropriate box explaining any differences. **ATTACH ANY REMITTANCE BALANCE DUE (Not necessary if balance due is less than \$1.00).** No refunds or credit will result from entries made on this form. Submit a copy of the original quarterly return, marked "Amended Return" and showing the corrected withholding amounts, for any quarter that has been overpaid. Call the occupational license office with questions.

**Mail completed reconciliation with attachments and any remittance to:**



**CAMPBELL COUNTY FISCAL COURT  
Occupational License Office  
P.O. Box 72958  
Newport, Kentucky 41072-0958**

**If you have questions about the forms and instructions, contact:**

Campbell County Fiscal Court Occupational License Office; 1098 Monmouth St., Newport, KY 41071

**Phone:** (859) 292-3884 **Fax:** (859) 292-3827 **Website:** [www.campbellcountky.gov](http://www.campbellcountky.gov)

(All tax forms and tax tables are available from the website)