

Hancock Co. Reconciliation of License Fee Withheld

During Year Ended 12 / 31 / 2008

TO BE FILED WITH THE 4th QUARTER'S RETURN BY 09 / /
 OR WITH THE FINAL QUARTERLY RETURN OF THE CLOSING
 OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION.

Prepare In Duplicate
 Mail Original To:

STACY BOZARTH
 HANCOCK COUNTY TAX
 ADMINISTRATOR
 P O BOX 416
 HAWESVILLE KY 42348

EMPLOYER'S NAME AND ADDRESS	Account Number <input type="text"/>
	Federal I.D. Number <input type="text"/>
	Phone Number <input type="text"/>
	

TOTAL NUMBER OF EMPLOYEES FOR THE YEAR	<input type="text"/>
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ANNUAL RECONCILIATION

(1) Total Wages Paid For The Year	\$	<input type="text"/>	<input type="text"/>
(2) Total License Fee Withheld For The Year	\$	<input type="text"/>	<input type="text"/>

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments		COLUMN C Total For Year
January	<input type="text"/>			
Febuary	<input type="text"/>			
March	<input type="text"/>	\$ <input type="text"/>	1st	
April	<input type="text"/>			
May	<input type="text"/>			
June	<input type="text"/>	\$ <input type="text"/>	2nd	
July	<input type="text"/>			
August	<input type="text"/>			
September	<input type="text"/>	\$ <input type="text"/>	3rd	
October	<input type="text"/>			
November	<input type="text"/>			
December	<input type="text"/>	\$ <input type="text"/>	4th	
(3)	(Line 3 Must Equal Line 2)			\$ <input type="text"/>