

# Hancock Co. Reconciliation of License Fee Withheld

During Year Ended 12 / 31 /

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

Mail Original To:

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

EMPLOYER'S NAME AND ADDRESS

Account Number

Federal I.D. Number

Phone Number



TOTAL NUMBER OF EMPLOYEES FOR THE YEAR

## 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"/>			
February	<input type="text"/>			
March	<input type="text"/>	\$	1st	
April	<input type="text"/>			
May	<input type="text"/>			
June	<input type="text"/>	\$	2nd	
July	<input type="text"/>			
August	<input type="text"/>			
September	<input type="text"/>	\$	3rd	
October	<input type="text"/>			
November	<input type="text"/>			
December	<input type="text"/>	\$	4th	
(3)	(Line 3 Must Equal Line 2)			\$ <input type="text"/>