



# ANNUAL RECONCILIATION

## RETURN OF OCCUPATIONAL TAX

City of Hillview, 283 Crestwood Lane, Louisville, Kentucky 40229  
 Office: (502) 957-5280 Fax: (502) 955-5673

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Complete this form and return it with your fourth quarter return. Thanks in advance for your cooperation.

Quarter Ending	Amount Paid
1 <sup>st</sup> Quarter - March 31 <sup>st</sup>	
2 <sup>nd</sup> Quarter - June 30 <sup>th</sup>	
3 <sup>rd</sup> Quarter - September 30 <sup>th</sup>	
4 <sup>th</sup> Quarter - December 31 <sup>st</sup>	
<b>Total Quarterly Taxes Paid</b>	
<b>Total Taxes Withheld Per Form W-2</b>	
<b>Difference Between Lines 5 &amp; 6</b>	



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1. Must enter total number of employees	
2. Total salaries, wages, commissions and other compensation paid	
3. Less compensation paid for services outside of the City of Hillview	
4. Taxable earnings ( <i>Item 2 minus Item 3</i> )	
5. Actual tax due in Quarter at 1.8%	
6. Adjustments ( <i>Prior Quarters</i> )	
7. Interest ( <i>1/2 of 1% per month</i> )	
8. Penalty ( <i>10%</i> )	
9. Total taxes due including penalty and interest <i>*If no wages were paid this quarter mark "None" and return this form with explanation</i>	

If you employed less than 10 employees, use the space provided below **OR** furnish copies of each employee. Larger concerns may file their own listing (same format as below) or furnish W-2 copies.

Name of Employee	SSN	Gross Wages	Taxable Wages	Occupational Tax Withheld

I hereby certify that all of the information and statements contained herein are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date