

CITY OF SILVER GROVE

LICENSE DEPARTMENT
SILVER GROVE KY**Employee's Quarterly Return of License Fee Withheld**

Under City of Silver Grove Ordinance 89-0301

I declare, under penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

DATE

SIGNATURE

TITLE

Name and Address

Quarter Ending

Payments due within 30 days from above date

7

TOTAL

\$

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City of Silver Grove

308 Oak Street - PO Box 428 - Silver Grove KY 41085-0428 - 859.441.6390

ANNUAL WITHHOLDING TAX RECONCILIATION

Company Name: _____

Address: _____

Company Name: _____

Taxpayer ID Number: _____

RECONCILIATION

1. TOTAL WAGES PAID IN \$ _____
2. TOTAL SILVER GROVE TAX WITHHELD AS SHOWN ON W 2's: \$ _____

<u>Period</u>	<u>Monthly Payments</u>	<u>Payments by Quarter</u>
Jan	_____	
Feb	_____	
Mar	_____	1st _____
Apr	_____	
May	_____	
Jun	_____	2nd _____
Jul	_____	
Aug	_____	
Sep	_____	3rd _____
Oct	_____	
Nov	_____	
Dec	_____	4th _____

3. TOTAL: \$ _____
4. If line 3 does not equal line 2, please explain.