

CAMPBELL COUNTY & CITIES, KENTUCKY

ANNUAL RECONCILIATION OF PAYROLL LICENSE FEES WITHHELD

CC-AR REV 1119

For Year Ending December 31, 2020

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

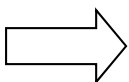
TYPE OR PRINT EMPLOYER NAME & ADDRESS:
CAMPBELL CO. ACCT ID#:
FEDERAL EMPLOYER ID#:
PREPARER SIGNATURE & TITLE: X _____
DATE: _____ PHONE: _____

SECTION A. TAX AMOUNTS PAID

QUARTER ENDING	CAMPBELL COUNTY	CITY: _____ (CITY NAME)
MAR 31	\$ _____	\$ _____
JUN 30	\$ _____	\$ _____
SEP 30	\$ _____	\$ _____
DEC 31	\$ _____	\$ _____
TOTAL FEES REMITTED:	\$ _____	\$ _____
	(To Line 6 BELOW)	(To Line 6 BELOW)
	CAMPBELL COUNTY	CITY: _____ (CITY NAME)

SECTION B. RECONCILIATION

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Total Gross Compensation Paid to Employees | _____ | _____ |
| 2. Total Excluded Compensation Paid in Excess of Maximum Taxable per Employee
(Tax Table: www.campbellcountyky.gov) | _____ | _____ |
| 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)
(Tax Table: www.campbellcountyky.gov) | _____ | _____ |
| 5. Total Fees Withheld per W-2s | _____ | _____ |
| 6. Enter TOTAL FEES REMITTED FOR TAX YEAR FROM SECTION A ABOVE | _____ | _____ |
| 7. DIFFERENCE between Lines 6 and 4 (if any, check applicable box below) | _____ | _____ |
| Minor difference due to fractional variations only (no adjustment due) | <input type="checkbox"/> | <input type="checkbox"/> |
| Difference shows insufficient remittance for year. PAYMENT ATTACHED. | <input type="checkbox"/> | <input type="checkbox"/> |
| Difference indicates overpayment not due to fractional variations. EXPLANATION AND CLAIM FOR REFUND IS ATTACHED. | <input type="checkbox"/> | <input type="checkbox"/> |



Reconciliation and W-2s must be received by February 28, 2021. MAIL W-2 COPIES TOGETHER WITH THIS FORM TO: Campbell Co. Fiscal Court, Occupational Tax Office, P.O. Box 72958, Newport, KY 41072-0958.

CC-AR REV 1119

**INSTRUCTIONS FOR ANNUAL RECONCILIATION OF EMPLOYER
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.

MAKE A PHOTOCOPY OF THE BLANK RECONCILIATION FORM IF YOU ARE REPORTING FEES PAID TO MORE THAN ONE CITY IN CAMPBELL COUNTY.

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. Use additional sheets as necessary to report compensation paid for more than one city in Campbell County.

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. Use additional sheets as necessary to report compensation paid for more than one city in 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.

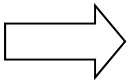
LINE 4: "TOTAL WITHHOLDING FEES DUE." Multiply the result in Line 3 by the payroll withholding rate for Campbell County and each City – **SEE TAX TABLE.**

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.campbellcountyky.gov

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