

# CITY OF RUSSELLVILLE, KENTUCKY

P. O. Box 434 \* Russellville, KY 42276

Phone: 270-726-5002 or 270-726-5063 \* email: [www.russellvilleky.gov](http://www.russellvilleky.gov)

## ANNUAL RECONCILIATION OF PAYROLL WITHHOLDINGS

Please return to the City by the end of February

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**Fill out only one of the two columns** determined by whether you remit your withholdings monthly or quarterly.  
**ATTACH A COPY OF EACH W-2 FORM OR STATEMENT FOR THIS JURISDICTION ONLY**

**ALSO ATTACH A COPY OF EACH 1099-MISC ISSUED BY YOUR COMPANY FOR BUSINESS ACTIVITY IN  
THE CITY OF RUSSELLVILLE**

MONTHLY AMOUNT PAID ..... OR ..... QUARTERLY AMOUNT PAID

January \_\_\_\_\_

February \_\_\_\_\_

March \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_

April \_\_\_\_\_

May \_\_\_\_\_

June \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

July \_\_\_\_\_

August \_\_\_\_\_

September \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

October \_\_\_\_\_

November \_\_\_\_\_

December \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

TOTAL DUE \_\_\_\_\_

TOTAL DUE \_\_\_\_\_

TOTAL PAID \_\_\_\_\_

TOTAL PAID \_\_\_\_\_

ADJUSTMENT \_\_\_\_\_

ADJUSTMENT \_\_\_\_\_

**No refunds or credit will result from entries made on this form. An amended return for the period overpaid must be filed separately with a letter of explanation.**