

CITY OF RUSSELLVILLE, KENTUCKY

P. O. Box 434 * Russellville, KY 42276

Phone: 270-726-5002 or 270-726-5063 * email: 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 _____ **1st** _____

April _____

May _____

June _____ **2nd** _____

July _____

August _____

September _____ **3rd** _____

October _____

November _____

December _____ **4th** _____

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.