RECONCILATION OF VINE GROVE LICENSE FEES WITHHELD

For Year Ending December 31, _____

Mail To:
Revenue Clerk
300 West Main Street
Vine Grove, KY 40175

NAME OF BUSINESS: _____
ACCOUNT #: _____
ADDRESS: _____
TELEPHONE #: _____

1. Total number of employees listed hereon: _____
2. Total number of employees subject to license fee withholding: _____
3. Total gross wages paid: _____
4. Less wages not taxable to City of Vine Grove: _____
5. Taxable wages paid: _____
6. Vine Grove license fee: (2%) _____
7. Total license fees due to the City of Vine Grove _____
8. License fees paid for Quarter Ending:
   March 31 $_____ June 30 $_____
   Sept. 30 $_____ Dec. 31 $_____ _____
9. Total paid for year: _____
10. Balance due - Line 7 minus line 9: _____
11. Overpayment - line 9 minus line 7: _____

SOCIAL SECURITY #	EMPLOYEE NAME	TAXABLE EARNINGS	TAX WITHELD
Total for This page		$	$
TOTAL FOR ALL PAGES		$	$

Visit www.vinegrove.org/downloads/local business forms to print a continuation sheet.