



**CITY OF BOWLING GREEN, KY**  
 P.O. Box 1410  
 Bowling Green, KY 42102-1410  
 (270) 393-3000  
 www.bgky.org

**AR**

**ANNUAL RECONCILIATION**

\*\*\* MAIL TO ABOVE ADDRESS \*\*\*  
 EMPLOYER ADDRESS

| FOR                              | YEAR | ENDED | DUE ON OR BEFORE |
|----------------------------------|------|-------|------------------|
|                                  |      |       |                  |
| CITY OCCUPATIONAL ACCOUNT NUMBER |      |       |                  |
|                                  |      |       |                  |
| S.S.# OR FED. I.D.#              |      |       |                  |
|                                  |      |       |                  |

**CITY EMPLOYEE WITHHOLDING TAX**

|                                    |                                   |                                   |   |
|------------------------------------|-----------------------------------|-----------------------------------|---|
| Jan _____                          | April _____                       | July _____                        | Oct _____   |
| Feb _____                          | May _____                         | Aug _____                         | Nov _____   |
| March or 1 <sup>st</sup> Qtr _____ | June or 2 <sup>nd</sup> Qtr _____ | Sept or 3 <sup>rd</sup> Qtr _____ | Dec or 4 <sup>th</sup> Qtr _____                                |
| Number of Employees: _____         |                                   |                                   | Total City Taxes Paid: \$ _____<br>(show this amount on line 8) |

**FEE COMPUTATION**

**\*\*\*IMPORTANT\*\*\***  
 The following **MUST**  
 be enclosed

\*Copies of Federal  
 Forms W-2 and W-3

\*Payroll Register  
 Annual Totals  
 Including All  
 Deferred Compensation  
 and  
 Term Life Insurance  
 over \$50,000

**DUE**  
**FEBRUARY 28**

1. Total Gross Salaries, Wages, and Other Compensation per box one of Federal Form W-2 or W-3. \$ \_\_\_\_\_
2. Add \*Deferred Compensation Contributed by employees. (i.e. retirement, profit sharing, 401K, etc.) \$ \_\_\_\_\_
3. Add Employee Elections made under Section 125 of the Internal Revenue Code plus other subject Welfare, Fringe, and Benefit Plan Payments. \$ \_\_\_\_\_
4. Total Gross Compensation (add lines 1 through 3.) \$ \_\_\_\_\_
5. Less Total Gross Compensation Paid for Services Outside City. \$ \_\_\_\_\_
6. Taxable Earnings inside City (subtract line 5 from line 4.) \$ \_\_\_\_\_
7. City Employee Withholding Tax due the City (line 6 x 1.85%). \$ \_\_\_\_\_
8. Total City Employee Withholding Taxes remitted. \$ \_\_\_\_\_
9. Balance Due (if line 7 is more than line 8 subtract line 8 from line 7.) \$ \_\_\_\_\_  
(No adjustment due for minor difference attributable to fractional variations only.  
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.)
10. Interest @ 1% per calendar month, or portion thereof, from Due Date \$ \_\_\_\_\_
11. A payment of \$ \_\_\_\_\_ is enclosed. Make check payable to City of Bowling Green.

RETURN MUST BE SIGNED. I hereby certify, under penalty of perjury, that the statements made herein and in my supporting schedules are true, correct, and complete to the best of my knowledge.

Signature

Title

Telephone Number