Phone No. (270) 842-7168

WARREN COUNTY SCHOOLS OCCUPATIONAL TAX

303 Lovers Lane, Bowling Green, KY 42103

Fax No. (270) 842-3411

EMPLOYERS' ANNUAL RECONCILIATION OF LICENSE FEE/TAX WITHHELD

Account #: _____ Social Security # or Federal ID #: _____

WARREN COUNTY PUBLIC SCHOOLS — WHERE CHILDREN PREPARE FOR SUCCESS

For Year Ended

WITHHOLDING PAYMENT SCHEDULE

1st Qtr _____ 2nd Qtr _____ 3rd Qtr _____ 4th Qtr _____

Total Number of Employees: _____ Total Payments $ _____

*****IMPORTANT*****

APPROPRIATE SCHEDULES MUST BE ATTACHED

Enclose Copies of ALL Federal Forms W-2 and W-3, Transmittal of Wage and Tax Statements, or a Detailed Listing of ALL Employees with the Required Equivalent Information

DUE FEBRUARY 28

Remit To:

Warren County Schools Quarterly Tax Return P.O. Box 51530 Bowling Green, KY 42102-5830

Website:

www.warrencountyschools.org

FEE COMPUTATION

1.) Total Wages, Tips, Other Compensation per Box 18 of Federal Form W-2 or W-3 _____

2.) Add: Deferred Compensation Contributed by Employees (i.e., Retirement, Profit Sharing, Deferred Compensation Plans, Cafeteria Plans, etc.) _____

3.) Add: Welfare Benefit, Fringe Benefit, or Other Benefit Plan Payments Contributed by an Employee _____

4.) Total Gross Compensation (Add Lines 1 through Line 3) _____

5.) Less: Total Gross Compensation Paid for Service Outside of Warren County, Kentucky and/or Gross Nonresident Compensation _____

6.) Taxable Compensation (Subtract Line 5 from Line 4) _____

7.) Occupational License Fee (Line 6 X .005) _____

8.) Total Payments Remitted _____

9.) Balance Due (If Line 7 Exceeds Line 8 = Line 7 Minus Line 8)
(No adjustment due for minor differences attributable to fractions of cents) _____

10.) Penalty @ 5% per month (Not to Exceed 25%; **Minimum $25**) _____

11.) Interest @ 1% per month from Due Date _____

12.) **TOTAL AMOUNT DUE** (Line 9 Plus Lines 10 and 11) _____

13.) Overpayment Claimed (If Line 8 exceeds Line 7) _____

☐ Refund ☐ Credit to Next Year Estimated Payment

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

SIGNATURE TITLE DATE PHONE # EMAIL ADDRESS