



**CITY OF HODGENVILLE
200 S. Lincoln Boulevard
HODGENVILLE, KY 42748**

NAME OF COMPANY: _____ TAX YEAR _____
 FEDERAL ID # _____
 ADDRESS: _____

****RECONCILIATION SUMMARY OF TAXES WITHHELD ****

MONTH	SUBJECT WAGES	TOTAL TAXES WITHHELD
JANUARY		
FEBRUARY		
MARCH		
TOTAL FOR 1 ST QUARTER		
APRIL		
MAY		
JUNE		
TOTAL FOR 2 ND QUARTER		
JULY		
AUGUST		
SEPTEMBER		
TOTAL FOR 3 RD QUARTER		
OCTOBER		
NOVEMBER		
DECEMBER		
TOTAL FOR 4 TH QUARTER		
TOTAL		

TOTAL TAX WITHHELD PER W-2s/1099 _____

SIGNATURE _____ TITLE _____ DATE _____

Please provide copies of W-2s, or similar payroll information. Provide additional information on a separate sheet. Return this information to our office.