

CITY OF HARTFORD EMPLOYER'S WITHHOLDING TAX

Ordinance No. 2013-06, 2014-05

Annual Reconciliation Report

Name _____
Address _____
City _____ State _____ Zip _____

City of Hartford
Occupational Tax Administrator
P O Box 64
Hartford, KY 42347
OTA@Hartfordky.org

Return due by February 28

Reconciliation for year _____

- | | |
|---|----------|
| 1. Total Gross Wages, Salaries and other Compensation Paid | \$ _____ |
| 2. Less Compensation Paid for Services Outside of
City of Hartford | \$ _____ |
| 3. Taxable Earnings (line 1 minus line 2) | \$ _____ |
| 4. Withholding Tax Due (line 3 X 1%) | \$ _____ |
| 5. Total Tax Paid During Year | \$ _____ |
| 6. Balance Due (line 5 minus line 4) please remit** | \$ _____ |

I hereby certify that the information is true and correct:

Must be signed and dated.

Signature

Date _____

NOTE: Please attach copies of either W2 forms, computer listing or typed listing of employees showing name, social security number, gross wages and tax paid.

**Minor differences attributable to fractional variations no adjustment due.