

**BOYLE COUNTY TAX ADMINISTRATOR
321 WEST MAIN STREET, ROOM 117
BOYLE COUNTY COURTHOUSE
DANVILLE, KY 40422-1848
PH. (859) 238-1115 FAX (859) 238-1108**

BOYLE COUNTY AND CITY OF DANVILLE ANNUAL RECONCILIATION

TAX YEAR 20__

NAME AND ADDRESS _____

ACCOUNT # _____
FIN _____

YOU MUST ATTACH COPIES OF W-2 AND W-3 FORMS
THIS RETURN DUE BY 2/28

BOYLE COUNTY

QUARTER ENDING	A GROSS WAGES BEFORE ANY DEDUCTIONS	B LICENSE FEE WITHHELD	C LICENSE FEE SUBMITTED
MARCH 31 .0075	\$ _____	_____	_____
JUNE 30 .0075	\$ _____	_____	_____
SEPT. 30 .0075	\$ _____	_____	_____
DEC. 31 .0075	\$ _____	_____	_____
TOTALS COUNTY	\$ _____	_____	_____

IF EMPLOYMENT WAS WITHIN THE CITY OF DANVILLE, BOTH SECTIONS ARE TO BE COMPLETED.

CITY OF DANVILLE

QUARTER ENDING	A GROSS WAGES BEFORE ANY DEDUCTIONS	B LICENSE FEE WITHHELD	C LICENSE FEE SUBMITTED
MARCH 31 .0120	\$ _____	_____	_____
JUNE 30 .0120	\$ _____	_____	_____
SEPT. 30 .0125	\$ _____	_____	_____
DEC. 31 .0125	\$ _____	_____	_____
TOTALS CITY	\$ _____	_____	_____

TOTALS (B) - (B) \$ _____ (C) - (C) \$ _____ DIFFERENCE BETWEEN B & C \$ _____

#W-2'S ATTACHED _____ #EMPLOYEES _____

IF DIFFERENCE IS LESS THAN \$5.00, NOTHING IS TO BE PAID OR BE REFUNDED. IF GREATER THAN \$5.00, PLEASE
ISSUE PAYMENT AS APPROPRIATE TO AVOID PENALTIES. IF REFUND IS DUE YOU MUST AMEND THE
APPROPRIATE QUARTERLY RETURN TO OBTAIN REFUND.

SIGNATURE _____ DATE _____

PRINTED NAME _____ TELEPHONE # _____ EXT. _____