Form 106
Marion
Finance Department

CITY OF MARION

Reconciliation of License Fee Withheld

During Year Ended 20____

To be filed with the Fourth Quarter Return by January 31, 20____, or with the FINAL Quarterly Return of the closing of any business, either by sale or dissolution.

Prepare in Duplicate.
Mail Original To:
City Treasurer,
City of Marion
City Hall,
Marion, Ky. 42064
(270) 965-4177

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS

Enter under TOTAL PAYROLL the quarterly totals of all compensation paid all employees. Deduct any payments for services performed outside Marion and enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e., Vacation and Holiday pay, tips and gratuities.

Enter below for each subject employee, the Social Security number, name and address, and zip code; total compensation paid and amount of Marion license fee withheld. Attach additional sheets of this same size if space requirements are inadequate. Employers desiring to submit copies of W2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W2 forms, complete this reconciliation (Form 106) and attach it to the top of the stack. An adding maching tape, listing the amount of license fee withheld as indicated by individual employee's statements, should be attached.

	TOTAL PAYROLL	SUBJECT PAYROLL		LICENSE FEE WITHHELD
1. 1st Quarter ended Mar. 31.....	$	$	x ¾ of 1% =	$
2. 2nd Quarter ended June 30.....			x ¾ of 1% =	
3. 3rd Quarter ended Sept. 30.....			x 1.5 % =	
4. 4th Quarter ended Dec. 31.....			x 1.5 % =	
5. TOTAL ALL QUARTERS.....	$	$		$
6. Actual withholdings remitted for the year.....				$
7. Difference between Lines 5 and 6 (if any, check applicable block below).....				$

☐ Minor difference attributable to fractional variations only (no adjustment due).
☐ Difference indicates insufficient total remittance for year. Check in payment attached.
☐ Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.

8. Number of employees _____

_____ Signature _____ Title _____ Date

Social Security No., Name and Address of Employee	Gross Wages Paid	Taxable Wages Paid	License Fee Withheld
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