

**City of Nortonville**  
**199 South Main Street**  
**Nortonville, KY 42442**  
**Phone 270-676-3384**  
**Fax 270-676-7067**

**EMPLOYER'S ANNUAL RECONCILIATION 20\_\_\_\_\_**

**FEIN** \_\_\_\_\_

**Number of W2's attached** \_\_\_\_\_

Return to:  
 City of Nortonville  
 199 South Main Street  
 Nortonville, KY 42442

Total Wages Paid for Year \$ \_\_\_\_\_

Total Tax Withheld @ 1.5% \$ \_\_\_\_\_

First Quarter \$ \_\_\_\_\_

Second Quarter \$ \_\_\_\_\_

Third Quarter \$ \_\_\_\_\_

Fourth Quarter \$ \_\_\_\_\_

Total Tax Remitted \$ \_\_\_\_\_

Employers Name and Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Notice: This form must be returned whether or not you had any employees during this period, under Section 110 City Code of Ordinances

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City use only

Date Received \_\_\_\_\_

Account Number \_\_\_\_\_

Check Number \_\_\_\_\_

For Period Ending \_\_\_\_\_

Check Amount \_\_\_\_\_

Due On or Before January 31<sup>st</sup> \_\_\_\_\_