

ROWAN COUNTY KENTUCKY

<https://www.rcky.us>

TAX OFFICE USE ONLY	
DATE RECEIVED	
DATE POSTED	
G/L	
DUE AMT (IF ANY)	
INITIALS	

ROWAN COUNTY ANNUAL RECONCILIATION OF LICENSE FEE WITHHELD

Enter under TOTAL PAYROLL of all compensation paid to employees. Deduct any payments for services performed outside Rowan County and enter balances in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e., vacation and holiday pay, tips, and gratuities. Enter on second page for each subject employee the Name, Social Security number, address, and zip code. Total compensation paid (before the deduction of any pre-taxed items) and amount of Rowan County license fee withheld. Attach additional sheets, if necessary to complete this reconciliation. Employers may opt to submit copies of forms W-2 or 1099, or other data listings that include needed information for this reconciliation, which is acceptable as long as it contains full information for employee(s). DUE ON or BEFORE **FEBRUARY 28th** for PRIOR YEAR payroll.

FEIN # _____

Employer Name _____

Address _____

City _____

State/Zip _____

Contact Name _____

Phone # _____

Email _____

**** Submit all name, address or ownership changes on form ADM01-06/19.**

Year Ending	Due Date

1. NUMBER OF SUBJECT EMPLOYEES _____

Total Payroll is actual payroll including benefits Subject Payroll is payroll subject to County License Fee

TOTAL PAYROLL	SUBJECT PAYROLL	LICENSE FEE DUE 1.5%

2. 1st Quarter ended Mar 31

3. 2nd Quarter ended Jun 30

4. 3rd Quarter ended Sep 30

5. 4th Quarter ended Dec 31

6. Annual Total(s)

7. Actual License fee withheld per W-2s

8. Enter the larger of line 6 or line 7

9. Actual License Fee submitted by Employer for year

10. Difference between line 8 and line 9 (if any, check applicable box below)

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

Employee Participated

License Fee Withheld?

Deferred Compensation
Section 125
(cafeteria) Plan
Group-term insurance
over \$50K
Other

Yes No
 Yes No
 Yes No
 Yes No

Yes No
 Yes No
 Yes No
 Yes No

SAFE SCHOOLS
HEALTHY STUDENTS



Rowan County Finance Director

P.O. Box 607

Morehead, KY 40351-0607

(606)784-6218

rowanocctax@gmail.com

Information obtained from this form, including the business name, business address, names of owner(s) and agent(s) of the business, and whether or not the business is delinquent in the payment of its taxes is subject to public disclosure. All proprietary and confidential information exempt from disclosure under the Kentucky Open Records Act shall be confidential and shall not be disclosed.

I certify that the information contained herein and any schedules or exhibits attached are correct.

Signature of taxpayer/preparer

Title

Date

NAME	SSN	ADDRESS	TOTAL ANNUAL EARNINGS	LICENSE FEE WITHHELD
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If report complete, total(s) here