



City of Grayson, Kentucky
302 E. Main Street- City Hall
Grayson, Kentucky 41143
 (606) 474-6651

Annual Reconciliation of License Fee Withheld
For the Year Ended _____

(To be filed annually by January 31st)

Business Information

Name:		Federal Tax ID#:
Street Address:		Phone #:
Mailing Address:		Fax #:
City:	State:	Zip Code:

Reporting Calculations

Period	Total Payroll	Subject Payroll				License Fee Paid
January						
February						
March 1 st Quarter	\$	\$	x	.01	=	\$
April						
May						
June 2 nd Quarter	\$	\$	x	.01	=	\$
July						
August						
September 3 rd Quarter	\$	\$	x	.01	=	\$
October						
November						
December 4 th Quarter	\$	\$	x	.01	=	\$
Total for Year	\$	\$	x	.01	=	\$

Declaration of accuracy

Under the penalties of perjury, I declare that the information contained on this document and any schedules or exhibits attached, is true and accurate.

Signature of Preparer	Date
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(continued on reverse)

For City Use Only

Date received: _____ Check #: _____ Initials: _____