

Reconciliation of Paintsville Occupational Tax Withheld

During Year Ended 20_____

TYPE OR PRINT IN THIS SPACE EMPLOYER'S NAME
AND ADDRESS OF PRINCIPAL PLACE OF BUSINESS

1. Total number employees as listed hereon _____

2. Total Paintsville License Fee Withheld

Quarter ended Mar. 31, _____

Quarter ended June 30, _____

Quarter ended Sept. 30, _____

Quarter ended Dec. 31, _____

Total remitted for year _____

Social Security No.	NAME OF EMPLOYEE	Gross Wages Paid	Occupational License Withheld
If report is completed on this page total here _____		\$ _____	\$ _____