



Annual Reconciliations are due on or before February 28th.

City of Mt. Washington
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Annual Reconciliation Form

(check one)

W2's enclosed	<input type="checkbox"/>
Transmittal of wage & tax Statement	<input type="checkbox"/>
Detailed Employee listing	<input type="checkbox"/>

Check if change in Address is needed

Business Name & Address	City ID	Federal Tax ID	Tax Year
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Total Gross Salaries, Wages and Other Compensation paid for the year	<input type="text"/>
2 Less Compensation Paid for Service Outside Mt. Washington	<input type="text"/>
3 Taxable Earnings (line 1 minus 2)	<input type="text"/>
4 City Tax due the City of Mt. Washington (line 3 x 1%)	<input type="text"/>

(Amount Paid per Quarterly Return)

1st Quarter	<input type="text"/>
2nd Quarter	<input type="text"/>
3rd Quarter	<input type="text"/>
4th Quarter	<input type="text"/>
5 Total Quarterly Tax Paid for Year 2022	<input type="text"/>

6 Difference between totals on line 4 and 5(if any, please give explanation on line 7)	<input type="text"/>
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7 _____

**NO REFUNDS OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM.
AN AMENDED FORM MUST BE SUBMITTED TO OBTAIN REFUNDS OR APPLIED CREDIT.**

I declare, under penalties of perjury that this reconciliation has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Official Title _____

Signature _____

Date _____