



CITY OF MIDDLETOWN

Phone: 502-245-2762 web: cityofmiddletownky.org

ANNUAL REPORT OF EMPLOYEES PAYROLL WITHHOLDING

Return to: 11803 Old Shelbyville Road, Middletown, KY 40243

e-mail: license@cityofmiddletownky.org

Business Name: _____ Date: _____

Business Address: _____

Contact: _____ Phone: _____ Business License Number: _____

1. Total Gross wages, tips & other compensations per Box 1 of Federal form W-2: _____
2. Add any elective or non-elective deferrals: _____
3. Total Gross compensations (line 1 plus line 2): _____
4. Gross compensations earned outside City of Middletown limits: _____
5. Gross Wages subject to payroll withholding (subtract line 4 from line 3): _____
6. Total withholding due (line 5 multiplied by 1%): _____
7. Total payments remitted (January thru December): _____
8. If line 7 is less than total withholding due (from line 6) please remit balance due: _____
9. **Check here if this is a final reconciliation for the Company for the year** _____:

I hereby certify that the information and statements contained herein and/or attached are correct.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Instructions to Taxpayer

Make Payment to City of Middletown, 11803 Old Shelbyville Road, Middletown, KY 40243

Office hours are Monday – Friday, 8:30am – 5pm

If the business changes address, ownership or tax entity, please notify City of Middletown immediately.

Please attach copies of Federal Forms W-2 and W-3 (transmittal of Wage and Tax Statements) or a detailed employee listing with the required equivalent information. If you attach a detailed listing, you will need to submit a letter certifying that the totals used to calculate City withholdings are GROSS earnings (include all pretax deductions).

The employer must submit an annual report/reconciliation of gross wages and taxes filed on or before the last day of February each year.

Please retain a copy for your records.

Office use only: Date Received _____ Amount Received/Refunded: _____