

**BOYLE COUNTY TAX ADMINISTRATOR
 321 WEST MAIN STREET, ROOM 117
 BOYLE COUNTY COURTHOUSE
 DANVILLE, KY 40422-1848
 PH (859-238-1115) FAX (859-238-1108)**

**BOYLE COUNTY AND CITY OF DANVILLE ANNUAL RECONCILIATION
 TAX YEAR 20 ____**

NAME AND ADDRESS _____

ACCOUNT# _____

FIN# _____

**YOU MUST ATTACH COPIES OF W-2 AND W-3 FORMS
 THIS RETURN DUE BY 2/28**

BOYLE COUNTY

	A	B	C
	GROSS WAGES BEFORE ANY DEDUCTIONS	LICENSE FEE WITHHELD	LICENSE FEE SUBMITTED
<u>QUARTER ENDING</u>			
MARCH 31	0.0075 \$ _____	\$ _____	\$ _____
JUNE 30	0.0075 \$ _____	\$ _____	\$ _____
SEPT 30	0.0075 \$ _____	\$ _____	\$ _____
DEC 31	0.0075 \$ _____	\$ _____	\$ _____
TOTALS - COUNTY	\$ _____	\$ _____	\$ _____

If employment was within the city of Danville, both sections are to be completed.

CITY OF DANVILLE

	A	B	C
	GROSS WAGES BEFORE ANY DEDUCTIONS	LICENSE FEE WITHHELD	LICENSE FEE SUBMITTED
<u>QUARTER ENDING</u>			
MARCH 31	0.0125 \$ _____	\$ _____	\$ _____
JUNE 30	0.0125 \$ _____	\$ _____	\$ _____
SEPT 30	0.0125 \$ _____	\$ _____	\$ _____
DEC 31	0.0125 \$ _____	\$ _____	\$ _____
TOTALS - CITY	\$ _____	\$ _____	\$ _____

TOTALS (B) + (B) \$ _____ TOTALS (C) + (C) \$ _____ DIFF BETWEEN B & C \$ _____

#W-2'S ATTACHED _____ # EMPLOYEES _____

If difference is less than \$5.00, nothing is to be paid or refunded. If greater than \$5.00, please issue payment as appropriate to avoid penalties. If refund is due, you must amend the appropriate quarterly return to obtain refund.

SIGNATURE _____

DATE _____

PRINTED NAME _____

TELEPHONE _____

EXT _____