



# 2022 RECONCILIATION OF LICENSE TAX WITHHELD

**Hardin County Industrial Tax District**

P O Box 479, Elizabethtown, KY 42702

Employers name & address

During year ended December 31, 2022

To be filed by February 28th, 2023

FEDERAL ID # and county assigned #

\_\_\_\_\_

|                              | TOTAL PAYROLL (Column A) | IND. TAX DISTRICT PAYROLL (Column B) |       | TOTAL PAYROLL TAX (Column C) |
|------------------------------|--------------------------|--------------------------------------|-------|------------------------------|
| 1 1st Quarter ended March 31 | \$ _____                 | \$ _____                             | X 1 % | \$ _____                     |
| 2 2nd Quarter ended June 30  | \$ _____                 | \$ _____                             | X 1 % | \$ _____                     |
| 3 3rd Quarter ended Sept 30  | \$ _____                 | \$ _____                             | X 1 % | \$ _____                     |
| 4 4th Quarter ended Dec 31   | \$ _____                 | \$ _____                             | X 1 % | \$ _____                     |
| 5 TOTAL ALL QUARTERS         | \$ _____                 | \$ _____                             |       | \$ _____                     |

6 Actual withholding payments remitted \$ \_\_\_\_\_

7 Difference (subtract line 6 from line 5)(if any, check box below) \$ \_\_\_\_\_

Minor difference attributable to fractional variations only (no adjustment due).

Difference includes insufficient total remittance for year. **Payment for tax due attached.**

Difference indicates overpayment not attributable to fractional variations.

Full explanation and claim for refund must be submitted to receive a refund.

Number of employees working in the Industrial Tax District \_\_\_\_\_

No refund or credit will result from entries made on this form. You must submit a full explanation and claim request for refund of an overpayment.

**You must include a totaled employee listing or copies of W-2's and W-3.**

The listing must include the following information: Employee name, address, social security number, gross wages, HC Industrial Tax Wages, HC Industrial Occupational Tax Withheld.

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Printed name

\_\_\_\_\_ Title

**ATTACH W-2s AND W-3s OR EQUIVALENT EMPLOYEE LISTING**