

CITY OF ASHLAND

Department of Finance
 Occupational License / Net Profit Division
 P.O. Box 1839, Ashland, KY 41105-1839
 Phone No. 606/385-3358, 3359, or 3360 Fax No. 606/385-3365



OLF-2

**CITY OF ASHLAND
 ANNUAL RECONCILIATION OF LICENSE FEE WITHHELD**

FOR THE YEAR ENDED _____
To be filed by February 28th

BUSINESS:			
BUSINESS LOCATION (street address):			
MAILING ADDRESS (if different from above):			
TELEPHONE NUMBERS (include area code):	Business	Fax	
ACCOUNT NUMBER:			

**MAKE CHECKS PAYABLE TO: City of Ashland, Occupational License / Net Profit Division
 P.O. Box 1839, Ashland, KY 41105-1839**

		TOTAL PAYROLL	SUBJECT PAYROLL				LICENSE FEE PAID
1.	January			X	2.0%	=	
2.	February			X	2.0%	=	
3.	March or 1 st Qtr.			X	2.0%	=	
4.	April			X	2.0%	=	
5.	May			X	2.0%	=	
6.	June or 2 nd Qtr.			X	2.0%	=	
7.	July			X	2.0%	=	
8.	August			X	2.0%	=	
9.	September or 3 rd Qtr.			X	2.0%	=	
10.	October			X	2.0%	=	
11.	November			X	2.0%	=	
12.	December or 4 th Qtr.			X	2.0%	=	
13.	TOTAL YEAR			X	2.0%	=	\$

14.	Actual License Fee withheld per W-2s (attach copy of W-2 for each employee, 1099's, and Form 1096)	\$
15.	Enter the larger of Line 13 and line 14.	\$
16.	Actual License Fee remitted for the year on Form "City of Ashland Employer's Return of License Fee Withheld"	\$
17.	Difference between lines 15 and 16 (if any, check applicable box below)	\$
	<input type="checkbox"/> Minor difference attributable to fractional variations only (no adjustment due).	
	<input type="checkbox"/> Difference indicates insufficient total remittance for year. Payment attached.	
	<input type="checkbox"/> Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.	
18.	Number of Employees	

Signature: _____ **Title:** _____ **Date:** _____

FOR INTERNAL USE ONLY

Reconciled By: _____ **Date:** _____