



Annual Reconciliations are due on or before February 28th.

City of Mt. Washington  
P.O. Box 285  
Mt. Washington, KY 40047  
Ph. (502) 538-4216 Fax (502) 538-4064  
[sdavis@mtwky.org](mailto:sdavis@mtwky.org)  
[www.mtwashingtonky.org](http://www.mtwashingtonky.org)

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

**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.

Signature \_\_\_\_\_ Official Title \_\_\_\_\_ Date \_\_\_\_\_