



**McLean County License Fee Administrator**  
**PO Box 128**  
**Calhoun, KY 42327**

Phone  
(270)273-9170

Office Hours  
Monday – Friday  
8:00-4:30

**EMPLOYER'S RECONCILIATION OF LICENSE FEES WITHHELD**

**YEAR:** \_\_\_\_\_

This form is to be completed by employers and returned by February 28, 20\_\_.

Type or Print Employer's Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All questions are for the period: JANUARY 1, 20\_\_ – DECEMBER 31, 20\_\_**

1. Total number of employees \_\_\_\_\_
2. Total salaries, wages, & commissions paid to employee(s) \$ \_\_\_\_\_
3. Less compensation paid to any employee(s) over \$75,000.00 \$ \_\_\_\_\_
4. Less compensation paid for services performed outside McLean County \$ \_\_\_\_\_
5. Taxable Earnings  
(subtract lines 3 & 4 from line 2) \$ \_\_\_\_\_
6. Actual tax due  
(1% of line 5) \$ \_\_\_\_\_
7. Actual tax paid \$ \_\_\_\_\_
8. Amount due  
(if line 6 is greater than line 7, attach check for payment due) \$ \_\_\_\_\_
9. Amount overpaid  
(if line 7 is greater than line 6, attach a letter requesting refund) \$ \_\_\_\_\_

**I hereby certify that the statements made herein and in any supporting documents are true, correct, and complete to the best of my knowledge.**

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

**The employer must attach a typed or printed list giving the name, address, social security number, total earnings, and total license fee withheld for each employee.**