

CITY OF LEBANON
 P.O. BOX 840, LEBANON, KY 40033

**RECONCILIATION OF LEBANON OCCUPATIONAL LICENSE FEE WITHHELD
 FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2_____**

(This return must be filed on or before February 28)

Employer Name _____

Address _____

City _____ State _____ Zip _____

1. EMPLOYEE LIST (Use Continuation Sheet, Form 543C for additional employees or use W-2 Forms in lieu of 543C)

Social Security No.	Name & Address of Employee	Gross Wages, etc. Paid	Wages, etc. Allocable to Lebanon, KY	Occupational License Tax Withheld

2. TOTAL THIS PAGE.....
3. TOTAL ALL PAGES.....
4. TOTAL PAGES THIS REPORT.....
5. TOTAL NO. EMPLOYEES REPORTED.....

6. QUARTERLY TOTALS (As Reported on Form 541Q)

QUARTER	Gross Wages, Etc.	Wages Allocable to Lebanon	License Fee Payable @1%	Amount Remitted to City of Lebanon
1st				
2nd				
3rd				
4th				
7. TOTALS				

***NOTE: TOTALS SHOULD AGREE WITH TOTALS IN ITEM NO. 3**

I declare that to the best of my knowledge and belief, that all information provided herein is true, complete, and correct.

Signature _____ Date _____ Title _____

Make checks payable and mail return to City of Lebanon, P.O. Box 840, Lebanon, KY 40033

**CONTINUATION FOR RECONCILIATION OF LEBANON OCCUPATIONAL
LICENSE FEE WITHHELD**

CONTINUED EMPLOYEE LIST

Social Security No.	Name & Address of Employee	Gross Wages, etc. Paid	Wages, etc. Allocable to Lebanon, KY	Occupational License Tax Withheld
TOTALS THIS PAGE.....				