

FORM APR

CITY OF HENDERSON

ANNUAL RECONCILIATION OF
PAYROLL TAX WITHHELD
FOR YEAR ENDED _____
DUE ON OR BEFORE **FEBRUARY 28**

MAIL TO: HENDERSON TAX ADMINISTRATOR
PO BOX 671
HENDERSON KY 42419-0671

PHONE: (270)831-1290, EXT 2229
OR (270)831-1200

LICENSE NUMBER _____

FEIN _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

- 1. Total Gross Salaries, Wages, and Other Compensation Paid for the Year..... 1. _____
- 2. Less Compensation Paid for Services Outside the City..... 2. _____
- 3. Taxable Earnings (Line 1 minus Line 2)..... 3. _____
- 4. Payroll Tax Due the City (Line 3 x 1.49%)..... 4. _____
- 5. Payroll Tax Paid with Monthly or Quarterly Returns:

Jan _____

July _____

Feb _____

Aug _____

Mar or 1st Qtr _____

Sep or 3rd Qtr _____

Apr _____

Oct _____

May _____

Nov _____

Jun or 2nd Qtr _____

Dec or 4th Qtr _____

Total Submitted... 5. _____

- 6. Total local wages withholdings for the City of Henderson as reported on W-2 Total Page. Total on Line 6 should balance with amount paid to the City of Henderson on Line 5 and amount due on Line 4. If Lines 4, 5, and 6 are not the same, attach explanation..... 6. _____
- 7. Total number of employees working in the City of Henderson on December 31 of the tax year. 7. _____

This reconciliation form must be filed with the Henderson Tax Administrator on or before February 28th. The total page from your W-2 form (W-3) must be submitted with this reconciliation, along with a payroll register or listing that contains ALL compensation (including pre-tax contributions to retirement or deferred compensation plans, applicable group term life insurance premiums, personal use of employer provided automobile, excess reimbursed employee business expense and all other subject compensation).

I declare under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief, it is true, correct, and complete.

Signature _____ Title _____

Print Name _____

Revised 12/31/2019