



The City of Raceland
Annual Reconciliation of License Fee Withheld
 FOR THE YEAR ENDED _____



Company Name:	
Trade Name: (if different)	
Mailing Address:	
City, State, Zip:	
Street Address: (if different)	
City, State, Zip:	
Telephone:	

Make any address changes in the space above

	Month	Total Payroll	Subject Payroll			License Fee Paid
1	Jan.			X	1.0%	
2	Feb.			X	1.0%	
3	March (1 st Q)			X	1.0%	
4	April			X	1.0%	
5	May			X	1.0%	
6	June (2 nd Q)			X	1.0%	
7	July			X	1.0%	
8	Aug.			X	1.0%	
9	Sept. (3 rd Q)			X	1.0%	
10	Oct.			X	1.0%	
11	Nov.			X	1.0%	
12	Dec. (4 th Q)			X	1.0%	
13	Total for Year			X	1.0%	

14	Number of Employees:	
15	Actual License Fee Withheld per W-2's:	
16	Enter the larger of line 13 or 15:	
17	Actual License Fee Remitted for the year on "Employers Return of License Fee Withheld":	
18	Difference between lines 16 and 17:	
	Check any that apply	
19	Minor difference attributable to fractional variations only (no adjustment due):	
20	Difference indicates insufficient total remittance for year (payment attached):	
21	Difference indicates overpayment not attributable to fractional variations:	
	Full explanation and claim for refund attached:	

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE CORRECT

Signature: _____ Title: _____ Date: _____

Internal use only: Reconciled By: _____ Date: _____