

City of Union

www.cityofunionky.org

1843 Bristow Drive Union, KY 41091

859-384-1511

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Annual Reconciliation Form for Year 20_____

Name: _____

Account No: _____

DBA: _____

FEIN/SSN: _____

Address: _____

Due Annually the last day of February
You must attach copies of W-2, forms,
and/or supporting documents.

City: _____

State, Zip: _____

City of Union Ordinance Tax 2022-09

	Withheld Wages	Tax Withheld/Paid	No. Employees
1st Quarter	\$ _____	\$ _____	_____
2nd Quarter	\$ _____	\$ _____	_____
3rd Quarter	\$ _____	\$ _____	_____
4th Quarter	\$ _____	\$ _____	_____

Total W-2 Wages subject to this tax per W-2's \$ _____ x .02=\$ _____

B. Difference between Quarterlies Remitted and W-2 Totals \$ _____

Please issue payment as appropriate to avoid applicable penalties. If a refund is due, you must amend the appropriate quarterly return to obtain a refund.

Signature: _____ Date: _____

Phone Number: _____ E-Mail: _____