

Reconciliation of Mercer County Occupational Tax Withheld

Reconciliation for Year _____

Tax Administrator: Sandy Sanders

Current Contact Information

| | |
|--------------------------|-------------------|
| Account Number _____ | Active Date _____ |
| Account Name _____ | |
| Address _____ | |
| City / State / Zip _____ | |
| Phone _____ | |

Year Totals

| | |
|--|-----------------|
| Total number of employees as listed hereon _____ | |
| Year License Tax withheld..... | \$ _____ |
| Occupational Tax Withheld | |
| First quarter tax withheld..... | \$ _____ |
| Second quarter tax withheld..... | \$ _____ |
| Third quarter tax withheld..... | \$ _____ |
| Fourth quarter tax withheld..... | \$ _____ |
| TOTAL REMITTED FOR YR | \$ _____ |

EMPLOYEE BREAKDOWN

Please provide copies of federal Forms W-2 and Form W-3, Transmittal of Wage and Tax Statements, or detailed listing on this form by February 28th

| EMPLOYEE NAME | SOCIAL SECURITY NUMBER | Gross Wages Paid in Mercer County | License Fee Withheld |
|---|------------------------|-----------------------------------|----------------------|
| | | | |
| If other pages are used total this page..... | | | |
| If report is complete on this page, total here..... | | | |