

Mail Form to:  
Finance Department  
City of Winchester  
P O Box 4135  
Winchester. KY 40392

CITY OF WINCHESTER, KENTUCKY  
RETURN OF LICENSE FEE



1793

BUSINESS NAME AND ADDRESS:

- 1. Total Earnings Paid All Employees \$ \_\_\_\_\_
- 2. Deduct Earnings For Service Performed  
Outside Winchester, Kentucky \$ \_\_\_\_\_
- 3. Earnings Subject to License Fee \$ \_\_\_\_\_
- 4. Actual Fee withheld at 1.5% \$ \_\_\_\_\_
- 5. Delinquent Penalty 5% Per Month  
(Max 25%) Minimum \$25.00 \$ \_\_\_\_\_
- 6. Interest 1% Per Month \$ \_\_\_\_\_
- 7. TOTAL \$ \_\_\_\_\_

Check One:

\_\_\_\_ Quarter \_\_\_\_ Month \_\_\_\_ Annual  
Time Period of Return \_\_\_\_\_  
Due Date \_\_\_\_\_

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

\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
*DF3 10/09*

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Check One:

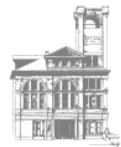
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\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
*DF3 10/09*



CITY OF WINCHESTER, KENTUCKY
RECONCILIATION OF LICENSE FEE WITHHELD

Mail Form to:
Finance Department
City of Winchester
P O Box 4135
Winchester, KY 40392

During Year Ended \_\_\_\_\_

To be filed by February 28, \_\_\_\_\_ or with Final Return upon completion of work or closing of a business.

How to Reconcile Your Payroll and Withholdings

Section 1 (Quarterly) or Section 2 (Monthly) -Under TOTAL PAYROLL enter the quarterly or monthly totals of all compensation paid all employees. Deduct any payments for services performed outside Winchester and enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e. Vacation and Holiday pay, tips and gratuities.

Attach a list of each subject employee, the Social Security Number, Name, Address, and Zip Code; total compensation paid and amount of Winchester license fee withheld Or submit copies of W2 forms with an adding machine tape total of the license fee withheld, or a computer generated report which provides the required information may also be submitted. Attach Form DF-3 with Section 1 or Section 2 completed to the top of any W2's or computer listings.

SECTION 1 (Quarterly) TOTAL PAYROLL SUBJECT PAYROLL LICENSE FEE WITHHELD
1. 1st Quarter ended March 31 \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
2. 2nd Quarter ended June 30 \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
3. 3rd Quarter ended Sept 30 \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
4. 4th Quarter ended Dec 31 \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
5. TOTAL ALL QUARTERS \$ \_\_\_\_\_ \$ \_\_\_\_\_
6. Actual Withholdings Remitted for the year on Form DF \$ \_\_\_\_\_
7. Difference between lines 5 and 6 (if any, check applicable block below) \$ \_\_\_\_\_
\_\_\_ Minor difference attributable to fractional variations only (no adjustments due)
\_\_\_ Difference indicates insufficient total remittance for year. Check for payment attached.
\_\_\_ Difference indicates overpayment not attributable to fractional variations. FULL EXPLANATION AND CLAIM FOR REFUND IS ATTACHED.

8. Number of Employees \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

SECTION 2 (Monthly) TOTAL PAYROLL SUBJECT PAYROLL LICENSE FEE WITHHELD
1. January \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
2. February \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
3. March \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
4. April \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
5. May \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
6. June \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
7. July \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
8. August \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
9. September \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
10. October \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
11. November \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
12. December \$ \_\_\_\_\_ X 1.5% \$ \_\_\_\_\_
13. TOTAL ALL MONTHS \$ \_\_\_\_\_ \$ \_\_\_\_\_
14. Actual Withholdings Remitted for the year on Form DF \$ \_\_\_\_\_
15. Difference between lines 5 and 6 (if any, check applicable block below) \$ \_\_\_\_\_
\_\_\_ Minor difference attributable to fractional variations only (no adjustments due)
\_\_\_ Difference indicates insufficient total remittance for year. Check for payment attached.
\_\_\_ Difference indicates overpayment not attributable to fractional variations. FULL EXPLANATION AND CLAIM FOR REFUND IS ATTACHED.

16. Number of Employees \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_