

**CITY OF CADIZ
EMPLOYER'S PAYROLL WITHHOLDING**

63 MAIN STREET
P.O. BOX 1465
CADIZ, KENTUCKY 42211
270-522-8244 FAX: 270-522-0025
WWW.CADIZ.KY.GOV

NAME OF COMPANY _____
ADDRESS _____
PHONE _____

**ANNUAL REPORT FOR THE YEAR _____
DUE BY JANUARY 31**

1. **Total Year GROSS** earnings paid all employees inside Cadiz _____
2. Payroll withholding due (line 1 multiplied by 1.5%) _____
3. Total withholding submitted to Cadiz during year (Jan – Dec) _____
4. Balance Due - Line 2 less Line 3 _____
5. Total number of employees in Cadiz as of December 31

MAKE CHECKS PAYABLE TO THE CITY OF CADIZ

Required: Attach a copy of Employees W2 with this completed form.

I hereby certify that the information and statements contained herein or attached are correct.

Signature Telephone Number Date

Title