CITY OF CADIZ **EMPLOYER'S PAYROLL WITHHOLDING 63 MAIN STREET** P.O. Box 1465 CADIZ, KENTUCKY 42211 270-522-8244 FAX: 270-522-0025 Name of ______ Company Address Phone ANNUAL REPORT FOR THE YEAR DUE BY FEBRUARY 28th OF EACH YEAR 1. Total Year GROSS earnings paid all employees inside Cadiz _____ 2. Payroll withholding due (line 1 multiplied by 1.9%) 3. Total withholding submitted to Cadiz during year (Jan – Dec) 4. Balance Due – Line 2 less Line 3 Total number of employees in Cadiz as of December 31 CHECK BOX IF THIS IS A FINAL RECONCILATION

MAKE CHECKS PAYABLE TO THE CITY OF CADIZ

<u>Required</u>: Please attach copies of Federal Forms W-2 or a detailed employee listing with the required equivalent information.

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

Signature