**CITY OF MAYSVILLE**
**216 BRIDGE STREET**
**MAYSVILLE, KY 41056**
**606-564-9419 ● Fax 606-564-9416**

# RECONCILIATION OF MAYSVILLE LICENSE TAX WITHHELD
# FORM & DOCUMENTATION DUE FEB 28 2012

NAME AND ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

_____

_____

_____

1. Total number employees as listed hereon _____

2. Total Maysville License Tax withheld $_____

Quarter ended 31 March 2011 $_____

Quarter ended 30 June 2011 $_____

Quarter ended 30 September 2011 $_____

Quarter ended 31 December 2011 $_____

| NAME OF EACH EMPLOYEE | GROSS WAGES PAID $ | LICENSE TAX WITHHELD $ |
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| **If report is completed on this page, total here** | **$** | **$** |

Under penalty of perjury, I declare that I have examined this return, including accompanying Schedules and statements, and to the best of my knowledge and belief, it is true.

_____ _____
*Signature* *Date*

_____
*Title*

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