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 2010

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 2009 $_____

Quarter ended 30 June 2009 $_____

Quarter ended 31 September 2009 $_____

Quarter ended 31 December 2009 $_____

NAME OF EACH EMPLOYEE	GROSS WAGES PAID $	LICENSE TAX WITHHELD $
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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