

**Boone County Fiscal Court**  
[www.BooneCountyKy.org](http://www.BooneCountyKy.org)  
**2950 Washington Street**  
**PO Box 960**  
**Burlington, KY 41005**

**Annual Reconciliation Form for 2019**

Name: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 dba: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Due Date: February 28, 2020  
 City, State, Zip: \_\_\_\_\_ You must attach copies of W-2  
 Forms or supporting documents

**Boone County Board of Education Tax Withheld**

	Wages	Tax Withheld/Paid	# employees _____
1 <sup>st</sup> Quarter	\$ _____	\$ _____	
2 <sup>nd</sup> Quarter	\$ _____	\$ _____	
3 <sup>rd</sup> Quarter	\$ _____	\$ _____	
4 <sup>th</sup> Quarter	\$ _____	\$ _____	
<b>TOTALS</b>	\$ _____	\$ _____	

Total W-2 Wages Subject To This Tax per W-2's \$ \_\_\_\_\_ X .005 = \$ \_\_\_\_\_

**A. Difference between Quarterlies Remitted and W-2 Totals \$ \_\_\_\_\_**

**Boone County Ordinance Tax Withheld**

	Wages	Tax Withheld/Paid	# employees _____
1 <sup>st</sup> Quarter	\$ _____	\$ _____	
2 <sup>nd</sup> Quarter	\$ _____	\$ _____	
3 <sup>rd</sup> Quarter	\$ _____	\$ _____	
4 <sup>th</sup> Quarter	\$ _____	\$ _____	
<b>TOTALS</b>	\$ _____	\$ _____	

Total W-2 Wages Subject To This Tax per W-2's \$ \_\_\_\_\_ X .008 = \$ \_\_\_\_\_

**B. Difference between Quarterlies Remitted and W-2 Totals \$ \_\_\_\_\_**

**Boone County Mental Health Tax Withheld**

	Wages	Tax Withheld/Paid	# employees: _____
1 <sup>st</sup> Quarter	\$ _____	\$ _____	
2 <sup>nd</sup> Quarter	\$ _____	\$ _____	
3 <sup>rd</sup> Quarter	\$ _____	\$ _____	
4 <sup>th</sup> Quarter	\$ _____	\$ _____	
<b>TOTALS</b>	\$ _____	\$ _____	

Total W-2 Wages Subject To This Tax per W-2's \$ \_\_\_\_\_ X .0015 = \$ \_\_\_\_\_

**C. Difference between Quarterlies Remitted and W-2 Totals \$ \_\_\_\_\_**

**Summary: (A) + (B) + (C) \_\_\_\_\_ # W-2's attached \_\_\_\_\_**

**If difference is less than \$5.00, nothing is to be paid or will be refunded. If greater than \$5.00, please issue payment as appropriate to avoid applicable penalties. If a refund is due, you must amend the appropriate quarterly return to obtain a refund.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Telephone #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_**