

Annual Reconciliation Form for 2016 w/TIF

Name: _____ Acct #: _____
 dba: _____ FEIN/SSN: _____
 Address: _____ Due Date: February 28, 2017
 City, State, Zip: _____ **You must attach copies of W-2 Forms and supporting wage detail**

TOTAL GROSS BOONE COUNTY WAGES _____

Boone County Board of Education Tax Withheld		Tax Paid	# employees _____
Wages			
1 st Quarter	\$ _____	\$ _____	
2 nd Quarter	\$ _____	\$ _____	
3 rd Quarter	\$ _____	\$ _____	
4 th Quarter	\$ _____	\$ _____	
TOTALS	\$ _____	\$ _____	

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 # 07-27 Tax Withheld		Tax Paid	TIF	# employees _____
Wages				
1 st Quarter	\$ _____	\$ _____	\$ _____	
2 nd Quarter	\$ _____	\$ _____	\$ _____	
3 rd Quarter	\$ _____	\$ _____	\$ _____	
4 th Quarter	\$ _____	\$ _____	\$ _____	
TOTALS	\$ _____	\$ _____	\$ _____	

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

Total W-2 Wages Subject To TIF \$ _____ TIF Tax \$ _____

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

Boone County Mental Health Tax Withheld		Tax Paid	# employees: _____
Wages			
1 st Quarter	\$ _____	\$ _____	
2 nd Quarter	\$ _____	\$ _____	
3 rd Quarter	\$ _____	\$ _____	
4 th Quarter	\$ _____	\$ _____	
TOTALS	\$ _____	\$ _____	

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 # : _____ FEIN: _____