



COMMONWEALTH OF KENTUCKY  
CITY OF OAK GROVE  
P.O. BOX 250  
OAK GROVE, KENTUCKY 42262-0250  
PH (270) 439-4646 FAX: (270) 439-1201



**ANNUAL EMPLOYEE PAYROLL RECONCILIATION**  
**Ordinance No. 2008-05**

**INSTRUCTIONS**

Line 1: Enter the gross amount of salary, wages, and other compensation for the year per Federal Form W-2  
Note: Generally, this amount is total compensation before deductions. Deferred Compensation and Non-Cash Fringe Benefits must be included in the gross figure entered on Line 1.

Line 2: Enter the amount of salary, wages, and other compensation for working time spent outside the physical limits of Oak Grove.

Line 3: Subtract Line 2 from Line 1 and enter the resulting amount.

Line 4: In the appropriate block, enter the amount of Line 3 subject to each tax. Multiple the amount obtained from Line 3 by 1.5%. Enter that amount on Line 4.

Line 5: Enter on this line the amount of occupational taxes withheld from earnings. **Do not include amounts withheld from any other cities.**

Line 6: Subtract Line 4 from Line 5 and enter the resulting amount.

Line 7: Enter the amount of penalty and interest if filed and/or paid after the due date. There is a penalty of five percent (5%) per month or a fraction of a month to a maximum of twenty-five percent (25%) for failure to file a tax return by the regular or extended due date. There is an additional five percent (5%) penalty for late payment of the occupational tax. Interest is computed at twelve percent (12%) per annum from the original due date until the date of payment.



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**Ordinance No. 2008-05**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

TAX YEAR ENDING:  SSN:  FEIN #:

1.) ENTER GROSS SALARY, WAGES, AND OTHER COMPENSATION FROM FEDERAL FORM W-2:

2.) LESS SALARY, WAGES & OTHER COMPENSATION EARNED OUTSIDE OF OAK GROVE, KY:

3.) SALARY, WAGES & OTHER COMPENSATION SUBJECT TO OCCUPATIONAL TAX (Line 1 Minus Line 2)

4.) TOTAL TAX DUE

5.) AMOUNT WITHHELD BY EMPLOYER OR PREPAID

6.) BALANCE DUE

7.) PENALTY & INTEREST

8.) TOTAL AMOUNT DUE

9.) OVERPAYMENT TO BE REFUNDED

**A COPY OF FORM W-2 MUST BE SUBMITTED WITH THIS FORM BY APRIL 15<sup>TH</sup> OF EACH YEAR.**

I swear (or affirm) that the information & statements contained herein & any schedules or exhibits attached are true & correct to the best of my knowledge.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_