



Reconciliation of Occupational License Fee Withheld

Account ID : _____ Filed for the year ending : _____
Customer Name : _____ Due Date : January 1st
Customer Address : _____ Delinquent Date : January 31st

This form summarizes occupation license fees remitted for the calendar year. No payment is due unless an underpayment or reporting error occurred.

Attach IRS Form W-3 to verify the local tax withheld. **MUST BE SUBMITTED WITH THIS FORM.** If no occupational tax was withheld but remitted on behalf of the employee(s) attach a schedule showing gross wages and tax paid per employee, including employee name and social security number

1. Total Number of Employee's _____
2. Gross Wages paid for 2025 _____
3. Q1 Occupational Tax _____
4. Q2 Occupational Tax _____
5. Q3 Occupational Tax _____
6. Q4 Occupational Tax _____
7. Total Occupational Tax Remitted _____ (add lines 3-6)
8. Total Occupational Tax Remitted _____ (amount on line 2 x .01)
9. Difference between line 7 & 8 _____

NOTE: Any amount on line 9 greater than \$10 may indicate an underpayment or overpayment. Attach a written explanation of difference if applicable

Prepared By _____
Contact Email or Phone Number _____