

**Annual Reconciliation Form for 2019 w/TIF**

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

**TOTAL GROSS BOONE COUNTY WAGES** \_\_\_\_\_

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

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

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

<b>Boone County Ordinance # 07-27 Tax Withheld</b>		Tax Paid	TIF	# employees _____
Wages				
1 <sup>st</sup> Quarter	\$ _____	\$ _____	\$ _____	
2 <sup>nd</sup> Quarter	\$ _____	\$ _____	\$ _____	
3 <sup>rd</sup> Quarter	\$ _____	\$ _____	\$ _____	
4 <sup>th</sup> Quarter	\$ _____	\$ _____	\$ _____	
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	

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 \$ \_\_\_\_\_**

<b>Boone County Mental Health Tax Withheld</b>		Tax Paid	# employees: _____
Wages			
1 <sup>st</sup> Quarter	\$ _____	\$ _____	
2 <sup>nd</sup> Quarter	\$ _____	\$ _____	
3 <sup>rd</sup> Quarter	\$ _____	\$ _____	
4 <sup>th</sup> Quarter	\$ _____	\$ _____	
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</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 # : \_\_\_\_\_ Email: \_\_\_\_\_**