

Annual Reconciliation Form for 2020 w/TIF

Name: _____ Acct #: _____
 dba: _____ FEIN/SSN: _____
 Address: _____ Due Date: March 1, 2021
 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 #07-26 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 # : _____ Email: _____