

Boone County Fiscal Court  
[www.BooneCountyKy.org](http://www.BooneCountyKy.org)  
2950 Washington Street  
PO Box 960  
Burlington, KY 41005

**Annual Reconciliation Form for 2022**

Name:

Acct #: \_\_\_\_\_

dba:

FEIN/SSN: \_\_\_\_\_

Address:

Due Date: February 28, 2023

City, State, Zip:

You must attach copies of W-2

Forms or supporting documents

**Boone County Board of Education Tax Withheld**

	Wages	Tax Withheld/Paid	# employees _____
1 <sup>st</sup> Quarter	\$ _____	\$ _____	
2 <sup>nd</sup> Quarter	\$ _____	\$ _____	
3 <sup>rd</sup> Quarter	\$ _____	\$ _____	
4 <sup>th</sup> 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 Tax #07-27 Withheld**

	Wages	Tax Withheld/Paid	# employees _____
1 <sup>st</sup> Quarter	\$ _____	\$ _____	
2 <sup>nd</sup> Quarter	\$ _____	\$ _____	
3 <sup>rd</sup> Quarter	\$ _____	\$ _____	
4 <sup>th</sup> Quarter	\$ _____	\$ _____	
TOTALS	\$ _____	\$ _____	

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

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

**Boone County Mental Health Tax #07-26**

	Withheld Wages	Tax Withheld/Paid	# employees: _____
1 <sup>st</sup> Quarter	\$ _____	\$ _____	
2 <sup>nd</sup> Quarter	\$ _____	\$ _____	
3 <sup>rd</sup> Quarter	\$ _____	\$ _____	
4 <sup>th</sup> 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 # : \_\_\_\_\_ E-MAIL: \_\_\_\_\_