CAMPBELL COUNTY & CITIES, KENTUCKY

ANNUAL RECONCILIATION OF PAYROLL LICENSE FEES WITHHELD

FOR YEAR ENDING DECEMBER 31, 2026

W-2 forms MUST accompany this reconciliation. See instructions on reverse.

EMPLOYER NAME:

ADDRESS 1:

ADDRESS 2:

CITY, STATE & ZIP:

CAMPBELL CO. ACCT ID#:

FEDERAL EMPLOYER IDENTIFICATION NUMBER:

PREPARER SIGNATURE & TITLE:

X

DATE: **PHONE:**

QUARTER ENDING:	CAMPBELL CO. Sr Citizens	CAMPBELL CO. Mental Health	CAMPBELL CO. General	CITY: FORT THOMAS	ALEXANDRIA	COLD SPRING	SOUTHGATE	HIGHLAND HEIGHTS	WILDER
MAR 31									
JUN 30									
SEP 30									
DEC 31									
TOTAL FEES REMITTED:	$ 0.00 (To Line 6 BELOW)	$ 0.00 (To Line 6 BELOW)	$ 0.00 (To Line 6 BELOW)	$ 0.00 (To Line 6 BELOW)	$ 0.00 (To Line 6 BELOW)	$ 0.00 (To Line 6 BELOW)	$ 0.00 (To Line 6 BELOW)	$ 0.00 (To Line 6 BELOW)	$ 0.00 (To Line 6 BELOW)

SECTION B. RECONCILIATION

		CAMPBELL CO. Sr Citizens	CAMPBELL CO. Mental Health	CAMPBELL CO. General	CITY: FORT THOMAS	ALEXANDRIA	COLD SPRING	SOUTHGATE	HIGHLAND HEIGHTS	WILDER
		0.0005	0.0010	0.0090	0.0125	0.0150	0.0100	0.0250	0.0150	0.0225
1	TOTAL GROSS COMPENSATION PAID TO EMPLOYEES									
2	TOTAL EXCLUDED COMPENSATION PAID IN EXCESS OF MAXIMUM TAXABLE PER EMPLOYEE (SEE TAX TABLE, P. 2 INSTRUCTIONS)									
3	TAXABLE COMPENSATION (SUBTRACT TOTAL IN LINE 2 FROM TOTAL IN LINE 1)									
4	TOTAL WITHHOLDING FEES DUE (MULTIPLY LINE 3 BY TAX RATE FOR JURISDICTION (SEE TAX TABLE, P. 2 INSTRUCTIONS)									
5	TOTAL FEES WITHHELD PER W-2s									
6	ENTER TOTAL FEES REMITTED FOR TAX YEAR FROM SECTION A ABOVE	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
7	DIFFERENCE BETWEEN LINES 6 AND 4 (IF ANY, CHECK APPLICABLE BOX BELOW)									

Minor difference due to fractional variations only (no adjustment due)

Difference shows insufficient remittance for year. **PAYMENT ATTACHED**

Difference indicates overpayment not due to fractional variations. **EXPLANATION AND CLAIM FOR REFUND IS**

→ **Reconciliation and W-2s must be received by February 28, 2027. MAIL W-2 COPIES TOGETHER WITH THIS FORM TO: Campbell Co. Fiscal Court, Occupational Tax Office, P.O. Box 72958, Newport, KY 41072-0958**

CC-AR REV 1025

INSTRUCTIONS FOR ANNUAL RECONCILIATION OF EMPLOYER QUARTERLY WITHHOLDING

MAIL W-2 COPIES TOGETHER WITH ANNUAL RECONCILIATION FORM SEPARATELY FROM 4TH QUARTER RETURN. SEE MAILING ADDRESS BELOW.

GENERAL INFORMATION:

Each employer shall on or before February 28 of each year complete and file an Annual Reconciliation of Employer Quarterly Withholding. Either copies of federal Forms W-2 or a detailed employee listing with equivalent information must be submitted. Each employer shall furnish each employee a statement on or before January 31 of each year showing the amount of compensation and the license fees deducted and paid by said employer during the preceding calendar year.

All employers must file this Annual Reconciliation regardless of when their payroll ceased during the year.

IN THE BOX PROVIDED, PRINT THE EMPLOYER NAME, ADDRESS, CAMPBELL COUNTY TAX ACCOUNT NUMBER, AND FEDERAL EMPLOYER IDENTIFICTION NUMBER.

PREPARER SHALL SIGN AND DATE THE RECONCILIATION AND PROVIDE HIS/HER TITLE AND PHONE NUMBER.

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS:

SECTION A. Enter the total Payroll Withholding Fees paid for each quarter of the tax year for each jurisdiction.

ALSO, ENTER THE TOTAL AMOUNT REMITTED ON LINE 6 IN SECTION B.

SECTION B.

LINE 1: "TOTAL GROSS COMPENSATION TO EMPLOYEES." Enter the total gross compensation for all employees for Campbell County and each City. Deduct any compensation for services performed outside of Campbell County.

LINE 2: "TOTAL EXCLUDED COMPENSATION PAID IN EXCESS OF MAXIMUM TAXABLE." Enter the compensation to employees in excess of the Maximum Wage Limit per Individual for each employee for the calendar year – **SEE TAX TABLE.**

LINE 3: "TAXABLE COMPENSATION." The amount of compensation subject to tax. Subtract Line 2 from Line 1.

LINE 4: "TOTAL WITHHOLDING FEES DUE." Multiply the result in Line 3 by the payroll withholding rate for Campbell County and each City – **SEE TAX TABLE.**

LINE 5: "TOTAL FEES WITHHELD PER W-2s." Enter the total amount of fees withheld shown in the W-2 listing for Campbell County and each City.

LINE 6: "TOTAL FEES REMITTED FOR TAX YEAR." Enter result from Section A for Campbell County and each City.

LINE 7: "DIFFERENCE BETWEEN LINES 6 AND 4." Enter the difference for Campbell County and each City. Check the appropriate box explaining any differences. **ATTACH ANY REMITTANCE BALANCE DUE (Not necessary if balance due is less than $1.00).**

Mail completed reconciliation with attachments and any remittance to:

CAMPBELL COUNTY FISCAL COURT
Occupational License Office
P.O. Box 72958
Newport, Kentucky 41072-0958

If you have questions about the forms and instructions, contact:

Campbell County Fiscal Court Occupational License Office; 1098 Monmouth St., Newport, KY 41071
Phone: (859) 292-3884 **Fax:** (859) 292-3827 **Website:** www.campbellcountyky.gov

(All tax forms and tax tables are available from the website)