

**CITY OF HOPKINSVILLE  
ANNUAL REPORT OF EMPLOYEES PAYROLL WITHHOLDING  
2016**

P O BOX 707 – 715 SOUTH VIRGINIA STREET  
HOPKINSVILLE, KY 42241-0707  
270-890-0221, 890-0222, or 890-0231

**Name of Company** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Total Gross wages, tips, other compensations per Box 1 of Federal Form W-2... \$ \_\_\_\_\_
2. Add any elective or non-elective deferrals..... \$ \_\_\_\_\_
3. Total Gross Compensations (line 1 plus line 2)..... \$ \_\_\_\_\_
4. Gross Compensations earned outside City limits ..... \$ \_\_\_\_\_
5. Gross Wages subject to payroll withholding (subtract line 4 from line 3) ..... \$ \_\_\_\_\_
6. Total Withholding Due (line 5 multiplied by 1.95%)..... \$ \_\_\_\_\_
7. Total payments remitted (January – December 2016) ..... \$ \_\_\_\_\_
8. If line 7 is less than total withholding due (from line 6), please remit balance due \$ \_\_\_\_\_

CHECK HERE IF THIS IS A FINAL RECONCILIATION FOR THE COMPANY: \_\_\_\_\_.

**IMPORTANT: Please attach copies of Federal Forms W-2 and W-3 (transmittal of Wage and Tax Statements) or a detailed employee listing with the required equivalent information. If you attach a detailed listing, you will need to submit a letter certifying that the totals used to calculate City withholding are GROSS earnings (include all pretax deductions).**

I hereby certify that the information and statements contained herein or attached are correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date