

**CITY OF HOPKINSVILLE
ANNUAL REPORT OF EMPLOYEES PAYROLL WITHHOLDING
2017**

**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 2017) \$ _____
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