

**CITY OF HOPKINSVILLE
ANNUAL REPORT OF EMPLOYEES PAYROLL WITHHOLDING
2020**

**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 2020) \$ _____
- 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

CITY ORDINANCE REQUIRES THIS REPORT TO BE FILED NO LATER THAN FEBRUARY 28 OF EACH YEAR