



Robert W. Martin, CPA
Chief Financial Officer
(270) 890-0239

City of Hopkinsville
Kentucky
42240

Post Office Box 707
715 S. Virginia Street
TAX # (270) 890-0221
FAX (270) 890-0277

January 11, 2022

RE: 2021 RECONCILIATION OF PAYROLL WITHHOLDING ACCOUNT

To Whom It May Concern:

City Ordinance 16-2007 requires that by February 28 of each year, all employers shall file an annual reconciliation of the Occupational License Tax (referred to as payroll withholding) which has been deducted from the salaries of their employees. A reconciliation form has been enclosed for your business to use. Please be reminded that the withholding is to be calculated on all **gross** salaries, wages or commissions earned in the City and that gross wages include all pretax deductions.

You will need to attach copies of the 2021 W-2 forms or a detailed employee listing with the required equivalent information. If W-2 forms are not attached, you will need to submit a letter certifying that the totals used to calculate the City withholding are GROSS earnings (include all pretax deductions).

In addition to the reconciliation form, the City has included payroll withholding forms to be used during the year 2022. You may make as many copies of this form as you need. Forms are also available on the City of Hopkinsville website, www.hopkinsvilleky.us. The rate for 2022 remains 1.95%.

Please contact the Revenue & License Office if you have problems or questions about the required 2021 reconciliation. You may call our office at (270) 890-0222, 890-0231, or 890-0221 Monday thru Friday, 8:00 a.m. to 4:30 p.m.

Sincerely,

City Revenue & License Office

Enclosures

CITY OF HOPKINSVILLE
ANNUAL REPORT OF EMPLOYEES PAYROLL WITHHOLDING
2021

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 2021) \$ _____
- 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

**CITY OF HOPKINSVILLE
EMPLOYER'S PAYROLL WITHHOLDING**

715 South Virginia Street P. O. Box 707
Hopkinsville, Kentucky 42241-0707
270-890-0222 270-890-0231 270-890-0221

FOR THE MONTH / QUARTER OF _____ 2022

- 1. Total earnings paid all employees ***.....\$ _____
(Gross wages – no pre-tax deductions may be taken)
- 2. Wages earned outside City limits.....\$ _____
- 3. Taxable earnings (line 1 minus line 2)..... \$ _____
- 4. Withholding Due (line 3 multiplied by 1.95%).....\$ _____
- 5. Penalty (*5% per calendar month of line 4-**minimum \$25.00**) \$ _____
- 6. Interest (** 12% per year or 1% per calendar month).....\$ _____
- 7. TOTAL (**Add lines 4, 5, and 6)..... \$ _____

MAKE CHECK PAYABLE TO: CITY OF HOPKINSVILLE

*Penalty assessed if payment is not made to the City of Hopkinsville within 25 days from the end of the month or quarter. Penalty is due at the rate of 5% of the tax due for each calendar month or fraction thereof. Total penalty shall not exceed 25% of tax due unless the minimum penalty of \$25.00 applies.

**Interest is due at the rate of 1% per calendar month or fraction thereof on any unpaid withholding.

***If no wages were paid this month/quarter, mark "NONE" and return to the City.

NAME OF COMPANY _____

ADDRESS _____

Check here if this
is the final report
for business

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

Signature

Telephone Number

Date

Printed Name

Employers who have an average monthly liability of \$100.00 or less may file quarterly returns. All others must file MONTHLY. If quarterly withholding exceeds \$300.00, Employers must revert to monthly payment beginning with the next monthly filing and remain on monthly payments for subsequent periods.

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EMPLOYER'S PAYROLL WITHHOLDING
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FOR THE MONTH / QUARTER OF _____ 2022

- 1. Total earnings paid all employees ***.....\$ _____
(Gross wages – no pre-tax deductions may be taken)

- 2. Wages earned outside City limits.....\$ _____

- 3. Taxable earnings (line 1 minus line 2)..... \$ _____

- 4. Withholding Due (line 3 multiplied by 1.95%).....\$ _____

- 5. Penalty (*5% per calendar month of line 4-**minimum \$25.00**) \$ _____

- 6. Interest (** 12% per year or 1% per calendar month).....\$ _____

- 7. TOTAL (**Add lines 4, 5, and 6)..... \$ _____

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