

RECONCILIATION OF RETURNS OF EMPLOYER'S OCCUPATION LICENSE FEE WITHHELD

		Customer #
Customer Name/Address:		
Filed for the year ending:	Due Date: January 1 st	
TOTAL AUBURN OCCUPATION QUARTERLY EMPLOYER	N LICESNE FEE WITHHELD R'S OCCUPATION LICENSE	
1 ST QTR:	2 ND QTR:	
3 RD QTR:	4 TH QTR:	
TOTAL WAGES PAID IN	_: \$	
TOTAL LICENSE FEES REMIT	TED IN: \$:	
TOTAL NUMBER EMPLOYEES	S IN ATIRTIRN.	

A COPY OF THE W-3 (TRANSMITTAL OF WAGE & TAX STATEMENT) <u>MUST</u> BE SUBMITTED WITH THE RECONCILIATION REPORT. IF A W-3 IS NOT AVAILABLE, A SPREADSHEET DETAILING THE EMPLOYEE(S) NAME, SOCIAL SECURITY NUMBER, GROSS WAGE AMOUNT, AND ASSOCIATING OCCUPATIONAL LICENSE FEE WITHHELD <u>MUST</u> BE SUBMITTED.