



CITY OF LYNDON

Ph: 502-423-0932 web: cityoflyndon.org e-mail: citylyn@cityoflyndon.org

ANNUAL REPORT OF EMPLOYEES PAYROLL WITHHOLDING

Business Name: _____ Date: _____

Business Address: _____

Contact: _____ Phone: _____ Business License Number: _____

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 of Lyndon limits: _____
5. Gross Wages subject to payroll withholding (subtract line 4 from line 3): _____
6. Total withholding due (line 5 multiplied by 1%): _____
7. Total payments remitted (January thru December): _____
8. If line 7 is less than total withholding due (from line 6) please remit balance due: _____
9. **Check here is this is a final reconciliation for the Company for the year _____:** _____

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

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Instructions to Taxpayer:

Make Payment to: City of Lyndon, Attn: Business Licensing, 515 Wood Rd., Lyndon, KY 40222

Drop-off office hours: Mon. – Wed., 8:00 a.m. – 3p.m. (payment box available at door)

If the business changes address, ownership or tax entity, please notify City of Lyndon immediately.

The employer must submit an annual reconciliation of gross wages and taxes filed on or before the last day of February each year.
Please retain a copy for your records.

Office use only: Date Received _____ Amount Received/Refunded: _____