



Office of Tax Administrator  
Tammy M. Hanlon

Reconciliation of Hazard, Kentucky license fee withheld during year ending 2015.

Please type or print in the spaces below.

Name of employee: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Total number of employees working in the city limits: \_\_\_\_\_

Total amount of Hazard license fee withheld for the quarters listed below.

First quarter January 1<sup>st</sup> to March 31<sup>st</sup>, 2015 \_\_\_\_\_

Second quarter April 1<sup>st</sup> to June 30<sup>th</sup>, 2015 \_\_\_\_\_

Third quarter July 1<sup>st</sup> to September 30<sup>th</sup>, 2015 \_\_\_\_\_

Fourth quarter October 1<sup>st</sup> to December 31<sup>st</sup>, 2015 \_\_\_\_\_

Please send one copy of the W-2 form on each employee, or list of names with their social security number, gross wages paid and license fee withheld for the year 2015.

Sincerely,

*Tammy M. Hanlon*

Tammy M. Hanlon  
Tax Administrator  
City of Hazard, Kentucky