

_____ RECONCILIATION OF RETURNS OF EMPLOYER'S OCCUPATION LICENSE FEE WITHHELD

		Customer #
Customer Name/Address:		
Filed for the year ending:	Due Date: January 1 st	
		LD AS SHOWN BY LINE 3 ON SE FEE WITHHELD RETURN
1 ST QTR:	2 ND QTR:	
3 RD QTR:	4 TH QTR:	
TOTAL WAGES PAID IN	: \$	
TOTAL LICENSE FEES REMIT	TTED IN: \$	
TOTAL NUMBER EMPLOYEE	S IN AUBURN:	

A COPY OF THE W-3 (TRANSMITTAL OF WAGE & TAX STATEMENT) MUST 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 MUST BE SUBMITTED.