

CITY OF BEREA

Reconciliation of License Fee Withheld During Year Ended _____

To Be Filled With the 4th Quarter's Return By January 31-Or With The Final
Quarterly Return Of The Closing Of Any Business Either By Sale Or Dissolution

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER _____

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS

Enter Under TOTAL PAYROLL the quarterly totals of all compensation paid all employees. Deduct any payments for services performed outside the city and enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e., Vacation and Holiday pay, tips and gratuities.

Enter below for each subject employee, the Social Sec. #, name and address, and zip code; total compensation paid and amount of City Of Berea license fee withheld. Continue on reverse side. Attach additional sheets of this same size if space requirements are inadequate. Employers desiring to submit copies of W2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W2 forms, complete this reconciliation (Form EA-1) and attach it to the top of the stack. An adding machine tape, listing the amount of license fee withheld as indicated by individual employee's statements, should be attached.

	TOTAL PAYROLL	SUBJECT PAYROLL		LICENSE FEE WITHHELD
1. 1st Quarter ended Mar. 31	\$ _____	\$ _____	x 2 % =	\$ _____
2. 2nd Quarter ended June 30	_____	_____	x 2 % =	_____
3. 3rd Quarter ended Sept. 30	_____	_____	x 2 % =	_____
4. 4th Quarter ended Dec. 31	_____	_____	x 2 % =	_____
5. TOTAL ALL QUARTERS	\$ _____	_____		\$ _____
6. Actual withholdings remitted for the year on Form EQ-1				\$ _____
7. Difference between lines 5 and 6 (if any, check applicable block below)				\$ _____

- Minor difference attributable to fractional variations only (no adjustments due).
- Difference indicates insufficient total remittance for year. Check in payment attached.
- Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.

8. Number of employees _____

Signature _____ Title _____ Date _____

NAME AND ADDRESS OF EMPLOYEE	Total Earnings For the Year	License Fee Withheld
If report is completed on this page total here.....		

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If report is completed on this page total here.		