CITY OF STANFORD, KENTUCKY RECONCILIATION OF PAYROLL TAX WITHHELD YEAR ENDED______

									FORM 556
BUSINESS NAME: ADDRESS: CITY/STATE/ZIP:				- -					
PLEASE ATTACH COP	IES OF ALL W2 AN	ND 1099 INFORM	IATION FOR THE	REPORTING YE	AR				
	Salaries, Wages, Commissions & Other Compensation Paid	Services Outside	Compensation Subject to Stanford Fee	Multiply Compensation Subject to Stanford Fee x 1.15%	Payroll Withholding Paid	Add Interest Due for Late Payment	Add Penalty Due for Late Payment	Total Interest and Penalty	Total
JANUARY-MARCH (1ST QUARTER)									
APRIL-JUNE (2ND QUARTER)									
JULY-SEPTEMBER (3RD QUARTER)									
OCTOBER-DECEMBER (4TH QUARTER)									
Total									
Please return this form to: City of Stanford, 403 East Main Street, Stanford, KY 40484									