



Office of Tax Administrator
Tammy M. Hanlon

Reconciliation of Hazard, Kentucky license fee withheld during year ending 2017.

Please type or print in the spaces below.

Name of employee: _____

Name of employer: _____

Address: _____

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

First quarter January 1st to March 31st, 2017 _____

Second quarter April 1st to June 30th, 2017 _____

Third quarter July 1st to September 30th, 2017 _____

Fourth quarter October 1st to December 31st, 2017 _____

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 2017.

Sincerely,

Tammy M. Hanlon

Tammy M. Hanlon
Tax Administrator
City of Hazard, Kentucky



Office of Tax Administrator
Tammy M. Hanlon

Reconciliation of Hazard, Kentucky license fee withheld during year ending 2017.

Please type or print in the spaces below.

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 1st to March 31st, 2017 _____

Second quarter April 1st to June 30th, 2017 _____

Third quarter July 1st to September 30th, 2017 _____

Fourth quarter October 1st to December 31st, 2017 _____

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 2017.

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