

Reconciliation of Clark County Occupational Tax Withheld

Reconciliation for Year _____ Tax Administrator: Cheryl Wills

Current Contact Information

Year _____ Totals

Account Number _____	Active Date _____
Account Name _____	
Address _____	
City/State/Zip _____	
Phone _____	

Total Number of employees as listed hereon _____	
Year _____ License Tax withheld.....\$	_____
Occupational Tax Withheld	
_____ first quarter tax withheld.....\$	_____
_____ second quarter tax withheld.....\$	_____
_____ third quarter tax withheld.....\$	_____
_____ fourth quarter tax withheld.....\$	_____

EMPLOYEE BREAKDOWN
PLEASE TYPE OR PRINT IN DARK COLORED INK

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	Gross Wages Paid	Occupational Tax Withheld

If report is complete on this page, total here....._____