



**Reconciliation of Monthly Returns
Occupational Withholding Tax**

Remittance Address:

**PO Box 830725
Birmingham, AL 35283-0725
(800) 556-7274**

Account Number: _____ **FEIN** _____

The following Annual Reconciliation Report is being submitted for: (please check one)

<input type="checkbox"/> 9406 Attalla	<input type="checkbox"/> 9349 Hackleburg	<input type="checkbox"/> 7044 Macon Co	<input type="checkbox"/> 9702 Shorter	<input type="checkbox"/> 9625 Tarrant
<input type="checkbox"/> 9756 Beaverton	<input type="checkbox"/> 9000 Haleyville	<input type="checkbox"/> 9375 Midfield	<input type="checkbox"/> 9046 Southside	
<input type="checkbox"/> 9024 Guin	<input type="checkbox"/> 9359 Hamilton	<input type="checkbox"/> 9677 Mosses	<input type="checkbox"/> 9392 Sulligent	

Reconciliation Report for January through December for Year: _____

Month End / Period Covered	Total # of Employees Recorded for the Above Specified Jurisdiction	Total Taxable Wages for Employees for Above Specified Jurisdiction	Total Occupational Tax Withheld from Employees' Wages for the Above Specified Jurisdiction	Total Tax Remitted for the Above Specified Jurisdiction	Difference Owed (if any)
January 31 st		\$	\$	\$	\$
February 28 th		\$	\$	\$	\$
March 31 st		\$	\$	\$	\$
April 30 th		\$	\$	\$	\$
May 31 st		\$	\$	\$	\$
June 30 th		\$	\$	\$	\$
July 31 st		\$	\$	\$	\$
August 31 st		\$	\$	\$	\$
September 30 th		\$	\$	\$	\$
October 31 st		\$	\$	\$	\$
November 30 th		\$	\$	\$	\$
December 31 st		\$	\$	\$	\$
Total Tax Withheld for Year		\$	\$	\$	\$

Note: A copy of this form must be filled out on or before January 31st. Any discrepancy between the total amount withheld and the total amount remitted must be fully explained in an attached statement. Please enclose payment for difference owed, if any.

Additional Amount Due (if any) \$ _____

Make checks payable to: Tax Trust Account

I declare, under penalties of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Signed: _____ **Date:** _____ **Telephone:** _____