RECONCILIATION OF QUARTERLY RETURNS OF OPELIKA LICENSE FEE WITHHELD FROM WAGES (FORM 0-1) WITH WITHHOLDING STATEMENTS

City of Opelika, AL Revenue Department (Form 0-3)

1. Total number of employees as represented by employee's statements (or list) transmitted herewith..... _____
2. Total Opelika license fee withheld from wages during calendar year as shown by employee's statements transmitted herewith..... _____(A)

Name, address of employer

3. Total Opelika license fee withheld from wages by line 5, Employer's Quarterly Return License Fee Withheld. (Form 0-1)

Quarter ended March 31 $_____
Quarter ended June 30 _____
Quarter ended Sept. 30 _____
Quarter ended Dec. 31 _____
Total remitted for year (B)$_____

Ending 20

NOTE: Any discrepancy between the amount shown on lines A and B must be fully explained in an attached statement. File original with CITY OF OPELIKA, REVENUE DEPT., PO BOX 390, OPELIKA. AL 36803-0390

INSTRUCTIONS

The original of this reconciliation form must be filed with the CITY CLERK, CITY OF OPELIKA, ALABAMA, January 31. This form must be accompanied by copies of employee's statements showing: 1) name and address of employee; 2) social security number; 3) gross earnings paid before any payroll deductions; 4) amount of Opelika license fee withheld.

If less than 16 employees, list correct information below; if more than 16 employees, list on a separate sheet of paper and attach to this form; or copies of Form W-2.

Social Security No.	Name	Address	Gross Pay	1 ½% Withheld