



Amended Return

City of Cave City Employer Withholding Tax Annual Reconciliation

<input type="text"/>			<input type="text"/>
Company Name			Period End Date
<input type="text"/>			<input type="text"/>
Street Address			Due Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	Acct/Business Lic No.
			<input type="text"/>
			FEIN

Total Employees	<input type="text"/>	YTD Tax Withheld	<input type="text"/>
Gross Wages	<input type="text"/>	YTD Amount Paid	<input type="text"/>
Taxable Wages	<input type="text"/>	Balance Due	<input type="text"/>

Quarterly Payments

Quarter 1 Quarter 2 Quarter 3 Quarter 4

<input type="text"/>			
Signature			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed Name	Title	Phone	Date