CITY OF BESSEMER
REVENUE DEPARTMENT
1806 THIRD AVENUE NORTH
BESSEMER,AL 35020

ID#
NAME:
ADDRESS:

RECONCILIATION OF RETURNS OF BESSEMER OCCUPATIONAL TAX
WITHHELD FROM WAGES WITHHOLDING STATEMENT FOR:

_____
YEAR

EMPLOYEE INFORMATION FROM WHICH TAX WAS REMITTED:
LIST ON SEPARATE SCHEDULE, IF MORE SPACE IS NEEDED

SOCIAL SECURITY NO.	NAME	ADDRESS	GROSS PAY	TAX WITHHELD

TOTAL BESSEMER OCCUPATIONAL TAX WITHHELD AS SHOWN BY EMPLOYER'S RETURN OF OCCUPATIONAL TAX WITHHELD.

MARCH 31 _____
JUNE 30 _____
SEPTEMBER 30_____
DECEMBER 31_____
TOTAL REMITTED FOR YEAR $_____

NOTE: The original of this form must be filed on/or before January 31. Any discrepancy between the total amount withheld and the total amount remitted must be fully explained on an attached statement.
MAKE COPIES FOR YOUR RECORDS