CITY OF BESSEMER
REVENUE DEPARTMENT
1700 3rd AVENUE NORTH
BESSEMER, ALABAMA 35020

ANNUAL OCCUPATIONAL TAX RECONCILIATION FORM

Taxpayer ID # _____
Business Name _____
Address _____
_____

RECONCILIATION OF RETURNS OF BESSEMER OCCUPATIONAL TAX WITHHELD FROM EARNINGS WITHHOLDIN STATEMENT FOR:
YEAR_____

EMPLOYEE INFORMATION WHICH TAX WAS REMITTED FOR
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 $ _____
SEPT. 30 $ _____
DEC. 31 $ _____

TOTAL REMITTED FOR THE 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.