



**RECONCILIATION OF RETURNS OF EMPLOYER'S  
OCCUPATION LICENSE FEE WITHHELD  
EMAIL: REVENUE@CITYOFIRONDALEAL.GOV**

**Taxpayer #** \_\_\_\_\_

**Taxpayer Name/Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filed for the year ending:** \_\_\_\_\_ **Due Date:** January 1<sup>st</sup> **Delinquent Date:** January 31<sup>st</sup>

TOTAL IRONDALE OCCUPATION LICESNE FEE WITHHELD AS SHOWN BY LINE 3 ON  
THE MONTHLY EMPLOYER'S OCCUPATION LICENSE FEE WITHHELD RETURN

**1st MONTH:** \_\_\_\_\_ **2nd MONTH:** \_\_\_\_\_

**3rd MONTH:** \_\_\_\_\_ **4th MONTH:** \_\_\_\_\_

**5th MONTH:** \_\_\_\_\_ **6th MONTH:** \_\_\_\_\_

**7th MONTH:** \_\_\_\_\_ **8th MONTH:** \_\_\_\_\_

**9th MONTH:** \_\_\_\_\_ **10th MONTH:** \_\_\_\_\_

**11th MONTH:** \_\_\_\_\_ **12th MONTH:** \_\_\_\_\_

**TOTAL WAGES PAID IN \_\_\_\_\_:** \$ \_\_\_\_\_

**TOTAL LICENSE FEES REMITTED IN \_\_\_\_\_:** \$ \_\_\_\_\_

**TOTAL NUMBER EMPLOYEES IN IRONDALE:** \_\_\_\_\_

**A COPY OF THE W-3 (TRANSMITTAL OF WAGE & TAX STATEMENT) MUST BE  
SUBMITTED WITH THE RECONCILIATION REPORT.**