

## Form SS-16 Completion Instructions

Item A	Enter the calendar month covered by the report.
Column B	Enter the social security number of the Commissioner or deputy.
Column C	Enter the name of the Commissioner or deputy.
Column D	Enter the wages subject to social security (report up to your maximum amount as determined by Rule 53 of the Rules of Civil Procedure, but no more than \$97,500 for 2007).
Column E	Enter the social security tax due on the wages reported in Column D. Multiply the wages by 6.20%.
Column F	Enter the wages subject to medicare (report up to your maximum amount as determined by Rule 53 of the Rules of Civil Procedure).
Column G	Enter the medicare tax due on the wages reported in Column F. Multiply the wages by 1.45%.
Item H	Enter the amount of FICA tax due. (Total of Columns E and G.)

**Reminder:** This form is to be mailed to the Social Security Coverage & Reporting Branch, PO Box 639, Frankfort KY 40602-0639 no later than the fifth day of the month following receipt of fees or salary for the previous month. Please indicate such month in Box A, "Period Ending". Add columns E and G together to calculate the amount of FICA tax due. Enter the amount on Line H. Send one check payable to the Kentucky State Treasurer for this amount.

If you resign, please notify this office in writing of the change and give us the name and address of the new commissioner if available.

# Commonwealth of Kentucky Social Security Coverage and Reporting Branch 2007 Monthly Report of Commissioner Wages and Taxes

**0000** Bluegrass County Master Commissioner (A) Period Covered: January 2007

This original PURPLE form is to be mailed to the Social Security Coverage and Reporting Branch, PO Box 639, Frankfort KY 40602-0639, no later than the fifth day of the month following receipt of fees or salary for the previous month. Indicate such month in box A, "Period Covered". Include ONE check made payable to the Kentucky State Treasurer for the total amount of the social security and medicare taxes in columns E and G.

(B) Social Security Number	(C) Name	(D) Soc Sec Wages	(E) SS Tax @6.20%	(F) Medicare Wages	(G) Medi Tax @1.45%
123-45-6789	Bill Smith	4,000.00	248.00	4,000.00	58.00
<b>SAMPLE</b>					
<b>TOTALS-----&gt;</b>		4,000.00	*	4,000.00	*

(H) \$306.00 \_\_\_\_\_  
Check # 1234 \_\_\_\_\_

\*Add columns E and G together to calculate the amount of FICA tax due.  
(Enter the amount on Line H.)  
\*Send ONE check payable to the Kentucky State Treasurer for this amount.  
\*Send the original PURPLE form.

**THIS FORM IS FOR THE 2007 REPORT YEAR ONLY**

FOR OFFICIAL USE ONLY	
PRU: 104 Type: _____ Pay Date: ____/____/2007 Tran Code: 1602	Cab/Dept: 39-758 Seg #: _____ SSN: _____
Wage: _____ ER Cont: _____ EE Cont _____	CK #: _____ CK Amt: _____ DOC #: _____
FOR OFFICIAL USE ONLY	
PRU: 104 Type: M Pay Date: ____/____/2007 Tran Code: 1602	Cab/Dept: 39-758 Seg #: _____ SSN: _____
Wage: _____ ER Cont: _____ EE Cont _____	CK #: _____ CK Amt: _____ DOC #: _____