

Form SS-16a 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%.
Column H	Enter the wages subject to federal and state income tax withholding (report up to your maximum amount as determined by Rule 53 of the Rules of Civil Procedure).
Column I	Enter the amount of federal income tax withheld.
Column J	Enter the amount of state income tax withheld.
Column K	Enter the amount of elective deferrals to a deferred compensation plan (401(k) or 457(b)).
Item L	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 L. Send one check payable to the Kentucky State Treasurer for this amount. When submitting Federal and State income taxes, please enclose a separate check for the federal income tax in column I and a separate check for the state income tax in column J, each made payable to the Kentucky State Treasurer.

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.

Form SS-16a Completion Instructions When Reporting Deferred Compensation

Bill Smith has signed up for the voluntary withholding on federal and state taxes with the Social Security Coverage and Reporting Branch. He will be filing 'single' on his 2007 taxes. He receives \$4,000.00 during the month of January 2007. He also contributes \$100.00 to the Deferred Compensation Plan with the State (See SS-16a example below). It should be noted the deferred compensation contribution reduces the federal and state wages, but not the Social Security and Medicare taxable wages

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. When submitting federal and state income taxes, include a separate check for the total federal income tax in column I and a separate check for the total state income tax in column J, each made payable to the Kentucky State Treasurer.

(B) Social Security Number	(C) Name	(D) Soc Sec Wages	(E) SS Tax @6.20%	(F) Medicare Wages	(G) Medi Tax @1.45%	(H) FIT/SIT Wages	(I) Federal income tax	(J) State income tax	(K) Deferred Comp
123-45-6789	Bill Smith	4,000.00	248.00	4,000.00	58.00	3,900.00	440.40	213.16	100.00
SAMPLE									
TOTALS----->		4,000.00	* 248.00	4,000.00	* 58.00	3,900.00	** 440.40	** 213.16	100.00

(L) \$306.00
 Check # 1234

*Add the totals of columns E and G together to calculate the amount of FICA tax due. Enter the amount on Line L.
 *Send ONE check payable to the Kentucky State Treasurer for this amount.
 *Send ONE check for the total Federal Income Tax in column I and ONE check for the total State Income Tax in column J, each payable to the Kentucky State Treasurer.
 *Send original PURPLE form.

THIS FORM IS FOR THE 2007 REPORT YEAR ONLY

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