

WITHHOLDING TAX RECONCILIATION - CITY OF UPPER SANDUSKY INCOME TAX DEPARTMENT

Form W-3

P.O. BOX 45 • UPPER SANDUSKY, OH 43351-0045 • (419) 294-2766

1. Total number of employees	_____	<i>Income Tax Withheld For Tax Year 20</i> _____	
		First quarter ending March 31	\$ _____
2. Total payroll for the year	\$ _____	Second quarter ending June 30	\$ _____
		Third quarter ending September 30	\$ _____
3. Less payroll not subject to tax	\$ _____	Fourth quarter ending Dec. 31	\$ _____
Attach explanation			
4. Payroll subject to tax	\$ _____	6. Total remitted for the year	\$ _____
5. Withholding tax liability at 1% of Line 4	\$ _____	7. *Overpayment \$ _____ or additional tax due \$ _____	

EMPLOYER

*Refunds are **not** automatically issued. If refund of overpayment is requested, please attach explanation. If additional tax is due, enclose payment with return.

Submitted by: _____

Official Title: _____

Owner, Partner, Member, President, Treasurer

Date: _____

Phone: _____

ORIGINAL MUST BE RETURNED WITH W-2's BY JANUARY 31st.