

FORM W-3 CITY OF UPPER SANDUSKY**EMPLOYER'S RECONCILIATION OF TAX WITHHELD**

| | | |
|---|----|--|
| Number of employees/W2 forms | | |
| Total payroll for the year | \$ | |
| Less payroll not subject to tax (explain) | \$ | |
| Total taxable payroll | \$ | |

Employer Account # & Name:**FOR TAX YEAR:**

| | |
|----------------|----|
| First Quarter | \$ |
| Second Quarter | \$ |
| Third Quarter | \$ |
| Fourth Quarter | \$ |
| Total remitted | \$ |

Additional tax due /overpaid* \$

*If refund requested, please attach explanation

**MAIL TO: City of Upper Sandusky Income Tax Dept.
P.O. Box 45
Upper Sandusky, Ohio 43351**

RETURN WITH W-2s OR EQUIVALENT BY FEB 28, following year

Please notify us promptly of any change in name or address.

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