

RECONCILIATION OF PORT CLINTON INCOME TAX WITHHELD FROM WAGES

W-3 - PORT CLINTON

<p>1. Total number of employees as represented by</p> <p>Forms W-2 submitted herewith _____</p> <p>2. Total City Income Tax withheld from wages</p> <p>during _____ as shown by employee's statement</p> <p>(Form W-2) \$ _____</p>	<p>3. Total City Income Tax Withheld during _____, for: (Form EQR)</p> <p>Quarter ended March 31, \$ _____</p> <p>Quarter ended June 30, \$ _____</p> <p>Quarter ended September 30, \$ _____</p> <p>Quarter ended December 31, \$ _____</p> <p>4. TOTAL \$ _____</p> <p>5. Difference between Lines 2 & 4 \$ _____</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>* If Line 5 indicates a balance due, the amount thereof should accompany this return; If Line 5 indicates an overpayment, a refund request signed by the employer should be made.</p>
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REORDER FROM: C.J. BUSINESS FORMS (440) 967-1500 OR 1-(888) 967-1500

INSTRUCTIONS

The original of this reconciliation form must be filed with the DEPARTMENT of TAXATION, CITY OF PORT CLINTON, 1868 E. Perry St. Port Clinton, Ohio 43452-1499 on or before January 31, unless written request for extension has been made to and granted (in writing) by the Commissioner. This form must be accompanied by copies of employee's statements (Form W-2) showing: (1) name and address of employee: (2) social security number: (3) gross earnings paid before any payroll deductions: (4) amount of PORT CLINTON and other city income tax withheld; and (5) name, address and identification number of employer. An adding machine tape, listing the amounts of Port Clinton income tax withheld, as indicated by individual employee's statements, should also be attached.

If Line 5 indicates a balance due, the amount thereof should accompany this return: If Line 5 indicates an overpayment, a refund request signed by the employer should be made.