

**EMPLOYER'S RECONCILIATION OF TAX WITHHELD — CITY OF HILLSBORO, INCOME TAX DEPARTMENT**

Form W-3 130 NORTH HIGH STREET • HILLSBORO, OHIO 45133 • (937) 393-3848 • FAX (937) 393-0590

FEDERAL I.D. # _____	<i>Hillsboro Income Tax Withheld For Tax Year 20</i> _____
1. Total number of employees _____	First quarter ending March 31 \$ _____
2. Total payroll for the year \$ _____	Second quarter ending June 30 \$ _____
3. Less payroll not subject to tax \$ _____	Third quarter ending September 30 \$ _____
Attach explanation	Fourth quarter ending Dec. 31 \$ _____
4. Payroll subject to tax \$ _____	6. Total remitted for the year \$ _____
5. Withholding tax liability at 1.5% (.015) of Line 4 \$ _____	7. *Overpayment \$ _____ or additional tax due \$ _____
	(No Refund or Credit Under \$1.00)

\*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: \_\_\_\_\_

**ORIGINAL MUST BE RETURNED WITH W-2's BY APRIL 30TH.**  
 NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS.  
**ORIGINAL**