

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. # _____

Hillsboro Income Tax Withheld For Tax Year 20 _____

- | | | | |
|------------------------------------|----------|---|----------|
| 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 | | 7. *Overpayment \$ _____ or additional tax due \$ _____ | |
| 1.5% (.015) of Line 4 | \$ _____ | (No Refund or Credit Under \$1.00) | |

NAME & ADDRESS:

***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.

ORIGINAL