

**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. # \_\_\_\_\_ Account# \_\_\_\_\_ 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 \$10.00)	

NAME & ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Refunds are not automatically issued.** If refund or 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 FEBRUARY 28TH**