

**Tax Year**

FORM W3 1217 13222

EMPLOYER'S WITHHOLDING RECONCILIATION 00001

**VILLAGE OF EDON**

P O Box 338  
Edon OH 43518



Voice 419-272-2152 Fax 419-272-2249

**DUE DATE 02/28/20**

Name

3 1597

And

Address

FEDERAL ID NUMBER \_\_\_\_\_

NAME OF PERSON COMPLETING FORM \_\_\_\_\_

LOCAL PHONE NUMBER \_\_\_\_\_

NUMBER OF EMPLOYEES LISTED \_\_\_\_\_

**EMPLOYEE W2'S MUST ACCOMPANY THIS FORM**

**INSTRUCTIONS**

1. Attach check payable to Village of Edon, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

<b>Period</b>	<b>(1) Gross Payroll</b>	<b>(2) Payroll Not Subject to Tax</b>	<b>(3) Payroll Subject to Tax</b>	<b>(4) Tax Due</b>	<b>(5) Tax Paid Per Your Records</b>
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
<b>TOTALS</b>	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE \_\_\_\_\_

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_