

Tax Year 2021

FORM W3 1217 11820
EMPLOYER'S
WITHHOLDING
RECONCILIATION

00001

VILLAGE OF EDON
P O Box 338
Edon OH 43518



Voice 419-272-2152 Ext

Fax 419-272-2249

DUE DATE 02/28/2022

Name _____

3 1596

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

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

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____