

# **GENERAL INFORMATION**

On or before February 28 of each year, each employer must file a withholding reconciliation on Form W-3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2(s) must furnish the name, address, social security number, qualifying wages, city tax withheld, name of city of which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of the W-2 form. The listing must contain the same information as required of the W-2 form.

# **SPECIFIC FILING INFORMATION**

The Form W-3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. The amount paid and the amount withheld should be equal. If they are not equal, attach an explanation for any discrepancy.

If a balance due is indicated, the amount must be paid on or before February 28. If an overpayment is indicated, amended returns for the month or quarter in which the overpayment occurred must be filed.

The completed Form W-3 and all attachments must be submitted to the Income Tax Office, PO Box 727, Vandalia, OH 45377-0727, on or before February 28 of each year.

For assistance, please contact the Tax Office at (937) 415-2240.

# WITHHOLDING TAX RECONCILIATION - PAGE 1

**SUBMIT BY FEBRUARY 28.** W-2(S) MUST BE ATTACHED ALONG WITH PAGES 1 AND 2 OF THIS RECONCILIATION.

	CITY OF VANDALIA	CITY OF BROOKVILLE	CITY OF UNION	CITY OF CLAYTON	VILLAGE OF WEST MILTON
1. Total number of W-2(s) attached .....					
2. Total payroll for year .....					
3. Less payroll not subject to tax .....					
4. Payroll subject to tax .....					
5. Withholding tax liability (Tax rate X Line 4) ....	2%	1.75%	1%	1.5%	1.5%

	BUTLER TWP JEDD	BUTLER TWP JEDZ	CLAY TWP- CLAYTON JEDD	TOTAL
1. Total number of W-2(s) attached .....				
2. Total payroll for year .....				
3. Less payroll not subject to tax .....				
4. Payroll subject to tax .....				
5. Withholding tax liability (Tax rate X Line 4) ....	2%	1%	1.5%	

Account # \_\_\_\_\_

Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

NO REFUND WITH THIS FORM. SEE INSTRUCTIONS.

I hereby certify that the information and statements contained herein are true and correct.

Signed \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_

Mail to: VANDALIA TAX OFFICE  
 PO BOX 727  
 VANDALIA, OH 45377-0727



# WITHHOLDING TAX RECONCILIATION - PAGE 2

**SUBMIT BY FEBRUARY 28.** W-2(S) MUST BE ATTACHED ALONG WITH PAGES 1 AND 2 OF THIS RECONCILIATION.

	CITY OF VANDALIA	CITY OF BROOKVILLE	CITY OF UNION	CITY OF CLAYTON	VILLAGE OF WEST MILTON
JANUARY	\$	\$	\$	\$	\$
FEBRUARY	\$	\$	\$	\$	\$
MARCH	\$	\$	\$	\$	\$
<b>1ST QUARTER</b>	\$	\$	\$	\$	\$
APRIL	\$	\$	\$	\$	\$
MAY	\$	\$	\$	\$	\$
JUNE	\$	\$	\$	\$	\$
<b>2ND QUARTER</b>	\$	\$	\$	\$	\$
JULY	\$	\$	\$	\$	\$
AUGUST	\$	\$	\$	\$	\$
SEPTEMBER	\$	\$	\$	\$	\$
<b>3RD QUARTER</b>	\$	\$	\$	\$	\$
OCTOBER	\$	\$	\$	\$	\$
NOVEMBER	\$	\$	\$	\$	\$
DECEMBER	\$	\$	\$	\$	\$
<b>4TH QUARTER</b>	\$	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$	\$

	BUTLER TWP JEDD	BUTLER TWP JEDZ	CLAY TWP-CLAYTON JEDD
JANUARY	\$	\$	\$
FEBRUARY	\$	\$	\$
MARCH	\$	\$	\$
<b>1ST QUARTER</b>	\$	\$	\$
APRIL	\$	\$	\$
MAY	\$	\$	\$
JUNE	\$	\$	\$
<b>2ND QUARTER</b>	\$	\$	\$
JULY	\$	\$	\$
AUGUST	\$	\$	\$
SEPTEMBER	\$	\$	\$
<b>3RD QUARTER</b>	\$	\$	\$
OCTOBER	\$	\$	\$
NOVEMBER	\$	\$	\$
DECEMBER	\$	\$	\$
<b>4TH QUARTER</b>	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

I hereby certify that the information and statements contained herein are true and correct.

Signed \_\_\_\_\_

Official Title \_\_\_\_\_

Date \_\_\_\_\_

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 PO BOX 727  
 VANDALIA, OH 45377-0727