

## **GENERAL INFORMATION**

On or before February 28 of each year, each employer must file a withholding reconciliation on Form W-3. This reconciliation return must include names, addresses, and social security numbers of all employees from whose qualifying wages tax was withheld or should have been withheld for the municipal corporation during the preceding calendar year, the amount of tax withheld from each such employee, the total amount of qualifying wages paid to such employee during the preceding calendar year, and the name of every other municipal corporation for which tax was withheld or should have been withheld from such employee during the preceding calendar year. Copies of W-2 forms applicable to the reconciliation reporting the previously detailed information may be provided as well.

## **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 Vandalia 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

**SUBMIT BY FEBRUARY 28.** W-2(S) MUST BE ATTACHED TO THIS RECONCILIATION.

	CITY OF VANDALIA	CITY OF BROOKVILLE	BUTLER TWP JEDZ	BUTLER TWP JEDD
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%	2%

**TOTAL WITHHOLDING TAX LIABILITY** ..... \$ \_\_\_\_\_

	CITY OF VANDALIA	CITY OF BROOKVILLE	BUTLER TOWNSHIP JEDZ	BUTLER TOWNSHIP 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>	\$	\$	\$	\$

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

