

Tax Year 2009

CITY OF WASHINGTON COURT HOUSE, OHIO

FORM W3 1108 276571

117 N. MAIN STREET

WASHINGTON C. H. OH 43160



EMPLOYER'S WITHHOLDING RECONCILIATION 00001

Voice 740-636-2342 Fax 740-636-2348

DUE DATE 01/31/2010

3

Name

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 City of Washington Court House, Ohio, 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.

MUST INCLUDE NAMES, ADDRESSES, SOCIAL SECURITY NUMBERS, WAGES AND TAXES WITHHELD..

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 _____