

Jenera Village Income Tax - 7
Form W-3 Employer's Annual Withholding Reconciliation
Post Office Box 862, Findlay, Ohio 45839-0862
Phone: 419-424-7133 Fax: 419-424-7410
www.findlayohio.com/incometax

Total payroll for the year.....

Name

1. Total payroll subject to Jenera tax.....

Address

2. Liability (1.0% of line 1).....

City ST Zip

3. Tax withheld from employees.....

Federal employer identification number

4. Greater of line 2 or line 3.....

Year (due last day of February)

5. Amount remitted to Jenera.....

Quantity of W-2s attached

6. Line 4 minus line 5.....

If this account was active for the year solely and entirely for withholding Jenera tax voluntarily from resident employees, line 1 should be zero.

If line 6 is a negative number, Refund ____ or Carry forward ____
If positive and greater than \$10, make check payable to City of Findlay

I certify, to the best of my knowledge and belief, that the information shown above is true, correct, and complete.

Signature of Responsible Party

Date

Title

Phone