

## INCOME TAX DEPARTMENT

P.O. Box 862 | Findlay, OH 45839-0862

Ph. 419-424-7133 | Fax: 419-424-7410 | www.findlayohio.gov/incometax

## Form W-3 Employer's Annual Withholding Reconciliation

|   | 2                                       |  |
|---|---|--|
| Name  | January                                 |  |
| Address   | February                                |  |
|   | March (Qtr. 1)                          |  |
| City ST Zip   | April                                   |  |
| - Federal employer identification number  | May                                     |  |
|   | June (Qtr. 2)                           |  |
| Year (due last day of February)   | July                                    |  |
| Quantity of W-2s attached   | August                                  |  |
|   | September (Qtr. 3)                      |  |
|   | October                                 |  |
|   | November                                |  |
|   | December (Qtr. 4)                       |  |
|   | 1. Total payroll subject to Findlay tax |  |
|   | 2. Liability (one percent of line 1)    |  |
|   | 3. Tax withheld from employees          |  |
|   | 4. Greater of line 2 or line 3          |  |
|   | 5. Amount remitted to Findlay           |  |
|   | 6. Line 4 minus line 5                  |  |
|   |   |  |
| If this account was active for the year solely and entirely for withholding  Findlay tax voluntarily from resident employees, line 1 should be zero.  If line 6 is a  If positive and |   | er, Refundor Carry forward<br>\$10, make check payable to City of Findla |
| I certify, to the best of my knowledge and belief, th   | at the information shown above is true, | correct, and complete.   |
| Signature of December 1991  | Title                                   | Phone  |
| Signature of Responsible Party Date   | Title                                   | FIIUIIE  |