

**Mount Blanchard Village Income Tax - 6**  
Form W-3 Employer's Annual Withholding Reconciliation  
Post Office Box 862 Findlay, Ohio 45839-0862  
Phone: 419-424-7133 Fax: 419-424-7410  
findlayohio.com

Total payroll for the year.....

\_\_\_\_\_  
Name

1. Payroll subject to Mt. Blanchard tax.....

\_\_\_\_\_  
Address

2. Liability (one percent 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 Mt. Blanchard.....

\_\_\_\_\_  
Quantity of W-2s attached

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

If this account was active for the year solely and entirely for withholding  
Mount Blanchard 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