

TAX YEAR: _____ **EMPLOYER'S ANNUAL WITHHOLDING RECONCILIATION** DUE DATE: Feb. 28

NAME _____ ADDRESS _____	ACCOUNT # _____ FEDERAL ID NUMBER _____ PREPARER _____ LOCAL PHONE # _____
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INSTRUCTIONS:

1. Attach copies of all W-2 forms and 1099 Misc. Income Forms.
2. ENTER PAYROLL IN MANNER IN WHICH PAYMENTS WERE MADE (QUARTERLY OR MONTHLY).
3. Attach check payable to CITY OF CANFIELD INCOME TAX, for difference if withholding exceeds remittance.
4. If remittance exceeds amount withheld, give explanation and request refund below.
5. Attach explanation if Column 2 is used.
6. Number of W2s: _____.

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/ Quarter-1					
April					
May					
June/ Quarter-2					
July					
August					
September/ Quarter-3					
October					
November					
December/ Quarter-4					

TOTAL REMITTANCE MADE: _____

DIFFERENCE If any explain below): _____

Underpaid: Amount Owed _____ **Overpaid: Refund Amount** _____

Employer explain any difference: _____