

CITY OF UPPER SANDUSKY

EMPLOYER'S RECONCILIATION OF TAX WITHHELD

Number of Employees _____
Total payroll for year \$ _____
Payroll not subject to tax \$ _____
(explain on back)
Total taxable payroll \$ _____

FOR TAX YEAR: _____

First Quarter \$ _____
Second Quarter \$ _____
Third Quarter \$ _____
Fourth Quarter \$ _____
Total Remitted \$ _____

Additional tax due/overpaid _____
If refund requested please attach explanation

Employer:

Mail to: **City of Upper Sandusky Income Tax Dept**
P.O. Box 45
Upper Sandusky, OH 43351

RETURN WITH W-2S OR EQUIVALENT BY MARCH 1ST