

FORM W-3 CITY OF UPPER SANDUSKY

EMPLOYER'S RECONCILIATION OF TAX WITHHELD

Number of employees/W2 forms		
Total payroll for the year	\$	
Less payroll not subject to tax (explain)	\$	
Total taxable payroll	\$	

Employer Account # & Name:

FOR TAX YEAR:

1st Qtr	Jan	Feb	Mar
2nd Qtr	Apr	May	Jun
3rd Qtr	Jul	Aug	Sep
4th Qtr	Oct	Nov	Dec

Total remitted \$ _____

Additional tax due /overpaid* \$ _____

*If refund requested, please attach explanation

**MAIL TO: City of Upper Sandusky Income Tax Dept.
P.O. Box 45
Upper Sandusky, Ohio 43351**

RETURN WITH W-2s OR EQUIVALENT BY FEB 28, following year

Please notify us promptly of any change in name or address.

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