

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:**

First Quarter	\$	
Second Quarter	\$	
Third Quarter	\$	
Fourth Quarter	\$	
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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