

Tax Year:

FORM W3 1077 408  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

00001

SYCAMORE TWP JEDZ - NORTHWEST

c/o Deer Park Tax  
7777 Blue Ash Road  
Deer Park OH 45236  
Voice 513-794-8863 Fax 513-794-8866



Name

And

Address

FEDERAL ID NUMBER	_____
NAME OF PERSON	_____
COMPLETING FORM	_____
LOCAL PHONE NUMBER	_____
NUMBER OF EMPLOYEES LISTED	_____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to SYCAMORE TWP JEDZ - Northwest, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

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/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____

TOTAL REMITTANCE MADE \_\_\_\_\_

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_