Tax Year

FORM W3 1077 152000 EMPLOYER'S WITHHOLDING 00001 RECONCILIATION

CITY OF DEER PARK

INCOME TAX DEPT. 7777 BLUE ASH ROAD DEER PARK OH 45236-3106 Voice 513-794-8863 Ext Fax 513-794-8866



DUE DATE

And COP PERSON COMPLETING FORM LOCAL PHONE NUMBER NUMBER OF EMPLOYEES LISTED EMPLOYEE W2'S MUST ACCOMPANY THIS FORM INSTRUCTIONS 1. Attach check payable to CITY OF DEER PARK, 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 (1) (2) (3) (4) (5) Gross Payroll Not Payroll Tax Tax Paid Period Payroll Subject to Tax Due Per Your Records January February March/Qtr-1 April May June/Qtr-2 July August September/Qtr-3 October November	Name			FEDERAL	ID NUMBER	<u> </u>
Address EMPLOYEE W2'S MUST ACCOMPANY THIS FORM INSTRUCTIONS 1. Attach check payable to CITY OF DEER PARK, 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 (1) (2) (3) (4) (5) Gross Payroll Not Subject to Tax Due Per Your Records January Period Payroll Subject to Tax Due 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						
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Employer - Explain any differences: DIFFERENCE				TOTAL RE	EMITTANCE MADE	
	Employer - Explain	any differen	nces:		DIFFERENCE	
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