

GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation on Form W-3. Copies of W-2 forms applicable to the reconciliation must be provided with the completed W-3 form. All W-2s must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of W-2 forms are not available, each employer must provide a listing of the W-2 form. The listing must contain the same information as required on the W-2 form.

SPECIFIC FILING INFORMATION

The Form W-3 must show a breakdown of all withholding payments, made either quarterly or monthly in the boxes provided. The amount paid and the amount withheld should be equal. If they are not equal, attach an explanation for any discrepancy.

If a balance due is indicated, the amount must be paid on or before February 28. If an overpayment is indicated, amended returns for the month or quarter in which the overpayment occurred must be filed to obtain a refund.

The completed form W-3 and the paper W-2s must be submitted to:

City of Xenia
Income Tax Division
PO Box 490
Xenia, OH 45385-0490

...on or before February 28 of each year.

For assistance, contact the Xenia Income Tax Division at 937-376-7248.

FORM W-3

**CITY OF XENIA WITHHOLDING RECONCILIATION
SUBMIT BY FEBRUARY 28**

Paper W-2s or a text file in the approved format on CD must be included.

MAIL TO CITY OF XENIA
Income Tax Division
P.O. Box 490
Xenia, OH 45385-0490

FOR TAX YEAR ENDING _____ DUE FEBRUARY 28 OF THE FOLLOWING YEAR

PAYMENT ENCLOSED

REFUND REQUESTED*

* If an overpayment is indicated, amended returns for the month or quarter in which the overpayment occurred must be filed to obtain a refund.

BUSINESS NAME AND ADDRESS

JANUARY	JULY	1. TOTAL NUMBER OF W-2s ATTACHED	
FEBRUARY	AUGUST	2. TOTAL PAYROLL FOR YEAR	\$ _____
MARCH	SEPTEMBER	3. LESS PAYROLL NOT SUBJECT TO TAX	\$ _____
1 ST QUARTER	3 RD QUARTER	4. PAYROLL SUBJECT TO TAX	\$ _____
APRIL	OCTOBER	5. WITHHOLDING LIABILITY @ 2.25% OF LINE 4	\$ _____
MAY	NOVEMBER	<i>No refund with this form. See instructions</i>	
JUNE	DECEMBER	6. AVERAGE # OF EMPLOYEES	
2 ND QUARTER	4 TH QUARTER		

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID No. _____ Date _____

Phone no. _____