

## GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation on Form TECJEDD W-3. A text file on CD (file specifications are available at our website [www.ci.xenia.oh.us](http://www.ci.xenia.oh.us) ) containing W-2 information or copies of W-2 forms applicable to the reconciliation must be provided with the completed TECJEDD W-3 form. All W-2s must furnish the name, address, social security number, gross wages, city tax withheld, name of city or JEDD 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 TECJEDD 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 TECJEDD W-3 and the electronic W-2 file or paper W-2s must be submitted to:

**Tecumseh JEDD**  
C/O 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 TECJEDD W-3

**TECUMSEH JEDD TAX RECONCILIATION**  
**SUBMIT BY FEBRUARY 28**

An electronic text file or paper W-2s must be included

**MAIL TO**           **TECUMSEH JEDD**  
c/o City of Xenia Income Tax Division  
PO 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 <sup>ST</sup> QUARTER	3 <sup>RD</sup> 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 <sup>ND</sup> QUARTER	4 <sup>TH</sup> QUARTER		

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

Signed \_\_\_\_\_ Title \_\_\_\_\_

Federal ID No. \_\_\_\_\_ Date \_\_\_\_\_

Phone no. \_\_\_\_\_