

TAX YEAR 20 ___
FORM W3
WITHHOLDING
RECONCILIATION

CITY OF READING
 1000 MARKET STREET
 READING OH 45215
 Phone (513) 733-0300 Fax (513) 842-1016

DUE DATE: 02/28/___

Name	Federal ID Number _____
And	Name of Person _____
Address	Completing Form _____
	Phone Number _____
	Number of Employees _____

EMPLOYEE W2'S OR 1099S FOR SUB-CONTRACTORS MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to CITY OF READING, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and overpayment can be refunded or applied to the next month or quarter due.
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 _____
 DIFFERENCE _____

Employer – Explain any differences:
