

RECONCILIATION FORM FOR CITY OF LANCASTER

FORM W3

**CITY OF LANCASTER ANNUAL RECONCILIATION
SUBMIT BY FEBRUARY 28. W-2'S MUST BE ATTACHED**

**MAIL TO: DIVISION OF TAXATION PHONE: (740) 687-6606
CITY OF LANCASTER
P.O. BOX 128
LANCASTER, OH 43130-0128**

FOR TAX YEAR 2007

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME: _____

EIN: _____

W-2'S MUST BE ATTACHED

JANUARY	JULY	ALL SECTIONS MUST BE COMPLETED
FEBRUARY	AUGUST	
MARCH	SEPTEMBER	
APRIL	OCTOBER	
MAY	NOVEMBER	
JUNE	DECEMBER	
<p>1. NO. OF LANCASTER W-2'S _____</p> <p>2. LANCASTER WAGES SUBJECT TO WITHHOLDING TAX \$ _____</p> <p>3. AMOUNT OF LANCASTER TAX WITHHELD \$ _____</p> <p>4. AMOUNT OF COURTESY TAX WITHHELD \$ _____</p> <p>5. TOTAL LANCASTER TAX PAID \$ _____</p> <p>6. LATE FEE, PENALTY INTEREST \$ _____</p> <p>7. AMOUNT DUE \$ _____</p>		

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

Signed _____ Title _____

Fed. ID No. _____ Date _____

Phone No. _____ (_____) _____