

RECONCILIATION FORM FOR CITY OF LANCASTER
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 ENDING 2016

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME: _____

EIN: _____

FORM W3

| | |
|----------|-----------|
| JANUARY | JULY |
| FEBRUARY | AUGUST |
| MARCH | SEPTEMBER |
| APRIL | OCTOBER |
| MAY | NOVEMBER |
| JUNE | DECEMBER |

| |
|---|
| 1. NO. OF LANCASTER W-2'S... _____ |
| 2. LANCASTER WAGES SUBJECT TO WITHHOLDING TAX... \$ _____ |
| 3. AMOUNT OF LANCASTER TAX WITHHELD \$ _____ |
| 4. AMOUNT OF COURTESY TAX WITHHELD..... \$ _____ |
| 5. TOTAL LANCASTER TAX PAID |
| 6. LATE FEE, PENALTY INTEREST \$ _____ |
| 7. AMOUNT DUE..... \$ _____ |

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

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____