

**RECONCILIATION FORM FOR CITY OF LANCASTER**  
**SUBMIT BY FEBRUARY 29. 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 2015**

**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. \_\_\_\_\_