

# 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 2017

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. \_\_\_\_\_