

**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 2018**

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