

Form W3 13  
Employer's  
Withholding  
Reconciliation

## Village of Garrettsville

8213 High Street  
Garrettsville, OH 44231

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330-527-2179

FOR TAX YEAR \_\_\_\_\_

DUE DATE February 28<sup>th</sup> of the following Year

Name
And
Address

FEDERAL ID NUMBER _____
NAME OF PERSON COMPLETING FORM _____
LOCAL PHONE NUMBER _____
NUMBER OF EMPLOYEES LISTED _____

### EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

#### INSTRUCTIONS

1. Attach check payable to VILLAGE OF GARRETTSVILLE, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

	(1)	(2)	(3)	(4)	(5)
Period	Gross Payroll	Payroll Not Subject to Tax	Payroll Subject to Tax	Tax Due	Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE \_\_\_\_\_

**Employer - Explain any differences:**

DIFFERENCE \_\_\_\_\_