

Tax Year 2020

WAVERLY INCOME TAX DEPARTMENT

FORM W3 1109  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

P.O. BOX 48  
WAVERLY OH 45690

Voice: 740-947-8177 Fax: 740-947-1852 Email: incometax@cityofwaverly.net

**DUE DATE 02/28/2021**

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 WAVERLY INCOME TAX DEPARTMENT, 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.

**W-2 information for each employee that had the municipal income tax withheld and the withholding for every other municipality that the tax was withheld is required. The W-2 information needs to include the Medicare Wage amount**

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) 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 \_\_\_\_\_