

**Tax Year 2014
EMPLOYER'S
WITHHOLDING
RECONCILIATION**

CITY OF WAVERLY, INCOME TAX DEPARTMENT
P.O. BOX 427
WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

DUE DATE Feb. 28, 2015

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 CITY OF WAVERLY, INCOME TAX DEPARTMENT, for difference if withholding exceeds
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

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 _____

