

**WITHHOLDING TAX RECONCILIATION - VILLAGE OF MOUNT GILEAD, DIVISION OF TAXATION**

FORM W-3

72 WEST HIGH STREET MOUNT GILEAD, OH 43338 (419) 946-4861

1. Total number of employees	_____	Mount Gilead Income Tax Withheld For Tax Year 20	_____
2. Total payroll for the year	\$ _____	First quarter ending March 31	\$ _____
3. Less payroll not subject to tax	\$ _____	Second quarter ending June 30	\$ _____
Attach explanation		Third quarter ending September 30	\$ _____
4. Payroll subject to tax	\$ _____	Fourth quarter ending Dec. 31	\$ _____
5. Withholding tax liability at	\$ _____	6. Total remitted for the year	\$ _____
1% of Line 4		7. *Overpayment \$ _____	or additional tax due \$ _____

\* Refunds are not automatically issued. If refund of overpayment is requested, please attach explanation. If additional tax is due, enclose payment with return.

Submitted by: \_\_\_\_\_

Official Title: \_\_\_\_\_  
Owner, Partner, Member, President, Treasurer

Date: \_\_\_\_\_

ORIGINAL MUST BE RETURNED WITH W-2's BY FEBRUARY 28th