

Tax Year 2005

VILLAGE OF EVENDALE

**FORM W3 12
EMPLOYER'S
WITHHOLDING
RECONCILIATION**

10500 READING RD
EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

DUE DATE 02/28/2006

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 EVENDALE, 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.
4. If nonemployee compensation was paid in excess of \$600.00 per individual, copies of 1099's must accompany this return.

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 _____