

Tax Year 2007

FORM W3 12
EMPLOYER'S
WITHHOLDING
RECONCILIATION

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

DUE DATE 02/29/2008

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 FORM 1099 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 _____