
Income Tax Division
3600 Shroyer Rd., Kettering OH 45429
937-296-2502 • www.kettering.org

Using Excel to Submit W2's Electronically

- All text must be in UPPER CASE.
- If leading zeros on Social Security Numbers or zip codes do not show, this is all right.
- All dollar amounts should be entered as normal number with decimal point, such as 15100.50
- Do not leave blank lines between information.

Instructions:

1. Open a new spreadsheet.
2. On the first line, **enter the Employer data as specified on page 2**, entering one value per column. The letter shown at the start of each line must match the letter at the top of the column in Excel. Skip the column if blank. Ensure all entries are upper case. To start, enter 'CTE' in the first column.
3. For each employee, enter another line, entering 'CTW' in the first column (A) and entering one field per column.
4. Click on the Save button (or select Save from the File menu) to open the "Save As" window. At the bottom of the window is a drop down box for "Save As Type"
 - Click on the drop-down arrow and select
 - 'CSV (Comma delimited)(* .csv)'
 - Then enter a file name, and click "Save".
5. Copy this file to a CD-ROM or 3 ½" inch diskette and send to the Income Tax Division.
6. When submitting media, enclose your completed Annual Withholding Reconciliation (Form KW-3) and affix a label directly to the outside of each CD-ROM or diskette that contains the following information:
 - Company Name, Address and Phone Number
 - Federal Identification Number
 - City Account Number
 - Tax Year Reporting
7. **Mail To:** **City of Kettering, Income Tax Division**
 P.O. Box 293100, Kettering OH 45429

Your City of Kettering Annual Withholding Reconciliation is due on or before February 28th.

First Line: Employer

A.	CTE	text exactly as shown
B.	Employer FEIN or TaxID	9 digits no spaces or punctuation
C.	TaxYear	4 digits
D.	Employer name	
E.	Corporate	C if a corporation, blank otherwise
F.	Employer street address	No commas
G.	Employer City	
H.	Employer State	2 characters
I.	Employer Zipcode	5 digits (or 6 characters if foreign country)
J.	Employer Plus4	4 digits

Remaining Lines: One per Employee

A.	CTW	text exactly as shown
B.	Employee SSN	9 digits no spaces or punctuation
C.	Employee Last Name	
D.	Employee First Name	
E.	Employee Middle Name	
F.	Employee street address	No commas
G.	Employee City	
H.	Employee State	2 characters
I.	Employee Zipcode	5 digits (or 6 characters if foreign country)
J.	Employee Plus4	4 digits
K.	Federal Wages	from Box 1
L.	Local Entity Code	KETTE
M.	Local Withholding	From Box 19
N.	Social Security Wages	from Box 3
O.	Medicare Wages	from Box 5
P.	Local Wages	from Box 18
Q.	Total Deferred	Included in Box 12