

Courtesy Withholding

Final Return Yes

ANNUAL RECONCILIATION – CALENDAR YEAR _____

MAIL TO: CITY OF MIAMISBURG

Dept. Of Taxation

10 N. First St.

Miamisburg, Ohio 45342

City of Miamisburg

Miami Crossing JEDD

Austin Center JEDD

PAYMENT HISTORY

FORM W-3

I HEREBY CERTIFY THAT THE INFORMATION & STATEMENTS CONTAINED HEREIN ARE TRUE & CORRECT

BY _____ DATE _____

SUBMIT BY FEBRUARY 28 – W-2'S MUST BE ATTACHED

Print or Type YOUR NAME, ADDRESS & CONTACT PHONE NUMBER HERE including ACCOUNT NUMBER.

THIS FORM NOT TO BE USED FOR REFUND OR CARRY-OVER REQUEST

JANUARY
FEBRUARY
MARCH
1 st QUARTER
APRIL
MAY
JUNE
2 nd QUARTER

JULY
AUGUST
SEPTEMBER
3 rd QUARTER
OCTOBER
NOVEMBER
DECEMBER
4 th QUARTER

NUMBER OF EMPLOYEES
TOTAL PAID
TAX WITHHELD
BALANCE DUE