

EMPLOYER'S RECONCILIATION OF TAX WITHHELD — CITY OF HILLSBORO, INCOME TAX DEPARTMENT
 Form W-3 130 NORTH HIGH STREET • HILLSBORO, OHIO 45133 • (937) 393-3848 • FAX (937) 393-0590

FEDERAL I.D. # _____ 1. Total number of employees _____ 2. Total payroll for the year \$ _____ 3. Less payroll not subject to tax \$ _____ Attach explanation 4. Payroll subject to tax \$ _____ 5. Withholding tax liability at 1.5% (.015) of Line 4 \$ _____	Hillsboro Income Tax Withheld For Tax Year 20____ First quarter ending March 31 \$ _____ Second quarter ending June 30 \$ _____ Third quarter ending September 30 \$ _____ Fourth quarter ending Dec. 31 \$ _____ 6. Total remitted for the year \$ _____ 7. *Overpayment \$ _____ or additional tax due \$ _____ (No Refund or Credit Under \$1.00)
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***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 28

ORIGINAL