

For Period _____

1.	Total number of employees' state-ments transmitted herewith		
2.	Total payroll	\$.....	
3.	Total payroll subject to Delphos Income Tax	\$.....	
4.	Delphos Withholding Tax. 1.75% of Line 3	\$.....	B

5. Quarterly/Monthly Payments Remitted			
Quarter ended March 31.		\$.....	
Quarter ended June 30.		\$.....	
Quarter ended September 30.		\$.....	
Quarter ended December 31		\$.....	
Total remitted (1.75%)		\$.....	C
Balance Due (See Reverse Side)		\$.....	D

✓ COPIES OF W-2 FORMS MUST ACCOMPANY THIS STATEMENT

INSTRUCTIONS

The original of this reconciliation form must be filed with the DEPARTMENT OF TAXATION, CITY OF DELPHOS. Municipal Building, Delphos, Ohio 45833, on or before February 28, unless written request for extension has been made to and granted (in writing) by the Administrator. This form MUST be accompanied by copies of employee's statements showing: (1) name and address of employee; (2) social security number; (3) gross earnings paid before any payroll deductions; (4) amount of Delphos income tax withheld; and (5) name, address and City of Delphos account number of employer. An adding machine tape, listing the amounts of City of Delphos earnings tax withheld as indicated by individual employee's statements, should be attached thereto.

Any discrepancy between the amounts shown on lines B and C, must be fully explained. Any amount on line D must be remitted herewith.