

CITY OF DELPHOS, OHIO INCOME TAX DEPARTMENT
 RECONCILIATION OF DELPHOS EARNINGS TAX WITHHELD FROM WAGES
 FORM W-3

For Period:

1	Total Number of employee's statements transmitted herewith	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2	Total payroll	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3	Total payroll subject to Delphos Income Tax	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4	Delphos Withholding Tax 1.75% of line 3	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> B
5	Quarterly/Monthly Payments Remitted	
	Quarter ended March 31	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Quarter ended June 30	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Quarter ended September 30	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Quarter ended December 31	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Total remitted (1.75%)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> C
	Balance Due (See below)	<div style="border: 2px solid black; height: 20px; width: 100%;"></div> D

Copies of W-2 forms must accompany this statement

Instructions

The original of this reconciliation form must be filed with the Income Tax Department, City of Delphos. Municipal Building, 608 N. Canal St., 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 hereto.

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

Name:

Address:

City, State, Zip:

Federal ID: