

Tax Year 20

WILLIAMSBURG TAX DEPT

FORM W3 1187 27472  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

107 W Main Street  
Williamsburg OH 45176  
Voice 513-724-6107 Fax 513-724-6212



DUE DATE 02/28/20

FEDERAL ID NUMBER	_____
NAME OF PERSON	_____
COMPLETING FORM	_____
LOCAL PHONE NUMBER	_____
NUMBER OF EMPLOYEES LISTED	_____

Name  
And  
Address

**EMPLOYEE W2'S MUST ACCOMPANY THIS FORM**

**INSTRUCTIONS**

1. Attach check payable to Williamsburg Tax Dept, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE \_\_\_\_\_

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_