

TALLMADGE BRIMFIELD JEDD
 46 NORTH AVE, P.O. BOX 35
 TALLMADGE, OH 44278
 PHONE: 330-633-5599 FAX: 330-633-8835
www.tallmadge-ohio.org

WITHHOLDING TAX RECONCILIATION

_____ Tax Year

Account # _____ FEIN _____

Name _____

Address _____

Phone Number _____ Contact Person _____

Total Tallmadge Tax Remitted During Year For:

	Amount Paid
Month of January	\$ _____
Month of February	\$ _____
Month of March	\$ _____
1st Quarter	\$ _____

	Amount Paid
Month of July	\$ _____
Month of August	\$ _____
Month of September	\$ _____
3rd Quarter	\$ _____

	Amount Paid
Month of April	\$ _____
Month of May	\$ _____
Month of June	\$ _____
2nd Quarter	\$ _____

	Amount Paid
Month of October	\$ _____
Month of November	\$ _____
Month of December	\$ _____
4th Quarter	\$ _____

1. Total Remitted for the Year \$ _____
 2. Total Number of Employees _____
 3. Total Payroll Subject to Withholding \$ _____
 4. Withholding tax liability (0.5% of Line 3) \$ _____
 5. Additional/Courtesy Residency Tax Withheld \$ _____
 6. Total Liability Amount (Line 4 plus line 5) \$ _____
 7. Overpayment (If Line 1 is greater than Line 6) \$ _____
- Additional Tax Due (if line 6 is greater than Line 1) \$ _____

Please Submit Copies of W-2's with This Form

Signature _____

Date _____