

CITY OF TALLMADGE INCOME TAX DEPARTMENT  
 46 NORTH AVE, P.O. BOX 35  
 TALLMADGE, OH 44278  
 PHONE: 330-633-5599 FAX: 330-633-8835  
[www.tallmadge-ohio.org](http://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 (2% 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) \$ \_\_\_\_\_
8. Additional Tax Due (if line 6 is greater than Line 1) \$ \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_