

WITHHOLDING TAX RECONCILIATION

		Total Clyde Income Tax Withheld Tax year 20_____	
1 Total number of Clyde Employees	_____	First Quarter ending March 31	\$ _____
2 Total Clyde payroll for the year	\$ _____	Second Quarter ending June 30	\$ _____
3 Less payroll not subject to tax	\$ _____	Third Quarter ending September 30	\$ _____
4 Payroll subject to tax	\$ _____	Fourth Quarter ending March 31	\$ _____
5 Withholding tax liability @ 1.5% of Line 4	\$ _____	6 Total remitted for the year	\$ _____
		7 (a) Overpayment	\$ _____
		(b) Additional Tax Due	\$ _____

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

INCOME TAX OFFICE USE ONLY:

DATE

AUTHORIZED SIGNATURE

INSTRUCTIONS

Attach Federal W-2 Form or electronic reproductions bearing the required information in either card or listing form
If item 7(a) above indicates overpayment and refund is desired, attach explanation and request to this form. If additional tax due is indicated in item 7(b), attach payment when filing.

The tax ordinance requires annual preparation and filing of this report from all employers subject to the tax. Reports must be mailed to the City of Clyde Income Tax Department, 222 N. Main St., Clyde, Ohio on or before January 31st.