

**Tax Year**

FORM W3 1075  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

**CITY OF CLYDE**  
225 N. MAIN ST.  
CLYDE OH 43410

Voice 419-547-8917 Ext

Fax 419-547-8968

**DUE DATE**

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

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

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

1. Attach check payable to CITY OF CLYDE, 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	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____

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

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_