

GENERAL INFORMATION

On or before February 28th of each year, each employer must file a withholding reconciliation. Copies of all W2 forms applicable to the reconciliation must be attached. All W2 forms must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to tax. The listing shall require the same type of information as is required of the W-2 form.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earnings statement on or before February 28th of each year. All 1099 forms or earnings statements shall require the same type of information as is required of the W-2 forms as stated above.

Form W-3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. The completed W-3 form and all attachments must be submitted to the Department of Taxation, 106 E. Spring Street, St. Marys, Ohio 45885 on or before

February 28th of each year. Any questions in completing Form W-3 should be referred to the Department of Taxation.

OVERPAYMENTS - It is recommended that you adjust the next remittance by the amount of the overpayment. Refunds can take 90 days or more to process. *An over-withheld W-2 cannot be used to offset an under-withheld W-2. Credit for an over-withheld W-2 can only be used by the employee.

TAX RATES

Anna - 1.75%	Botkins - 1.5%	Covington - 1.5%
Cridersville - 1.0%	Ft. Loramie - 1.5%	Minster - 1.5%
New Bremen - 1.5%	New Knoxville - 1.5%	North Star - 0.5%
Osgood - 1.0%	Russia - 1.5%	St. Marys - 1.5%

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RECONCILIATION OF TAX WITHHELD FROM WAGES

YEAR: 2015

MUNICIPALITY:

SUBMIT BY FEBRUARY 28, 2016
W2 FORMS MUST BE ATTACHED

MAIL TO: **CITY OF ST. MARYS**
DEPARTMENT OF TAXATION
106 E. SPRING STREET
ST. MARYS, OH 45885

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

1. NUMBER OF W-2'S ATTACHED ... _____

2. TOTAL WAGES \$ _____

3. LINE 2 MULTIPLIED
BY RATE OF TAX \$ _____

4. AMOUNT PAID \$ _____

5. TOTAL SHOWN
WITHHELD ON W-2'S \$ _____

6. AMOUNT DUE \$ _____

7. AMOUNT OVERPAID \$ _____

Amounts over \$1.00 must be explained.
Attach explanation.

Check here for refund

I hereby certify that the information and statements contained herein are true and correct.

SIGNED: (Business Name) _____

BY: (Responsible Officer) _____

DATE: _____

W-3

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