

ACCOUNT #:

FEDERAL ID #

20_____ WAGE RECONCILIATION

FORM W-3

DUE ON OR BEFORE FEBRUARY 28

MAIL TO: **City of Springboro Income Tax Division**
320 W. Central Ave.
Springboro, OH 45066
Phone: (937) 748-9701
Fax: (937) 748-6185
Website: www.ci.springboro.oh.us

Employer's Name and address

If the information above is incorrect, please make corrections.

Please check if FINAL return

WITHHOLDING PAYMENTS REMITTED

SUMMARY

- 1. JANUARY _____
- 2. FEBRUARY _____
- 3. MARCH
QTR 1 _____
- 4. APRIL _____
- 5. MAY _____
- 6. JUNE
QTR 2 _____
- 7. JULY _____
- 8. AUGUST _____
- 9. SEPTEMBER
QTR 3 _____
- 10. OCTOBER _____
- 11. NOVEMBER _____
- 12. DECEMBER
QTR 4 _____
- 13. TOTAL REMITTED**
Add Lines 1 through 12 _____

- 14. NUMBER OF W-2s * _____
- 15. SPRINGBORO QUALIFYING WAGES _____
- 16. WITHHOLDING TAX OBLIGATION _____
- 17. CREDIT FOR OTHER CITY TAX
(Not to exceed 1.5% withheld for Springboro **Residents**)
Show amounts by city on W-2s or listing. _____
- 18. WITHHOLDING TAX AFTER CREDITS
(Line 16 minus Line 17) _____
- 19. ACTUAL WITHHOLDINGS REMITTED
(Total from Line 13)
If Line 19 is greater than Line 18, go to Line 21 _____
- 20. BALANCE OF TAX DUE
(Line 18 minus Line 19)
Make checks payable to: CITY OF SPRINGBORO _____
- 21. OVERPAYMENT AMOUNT
(Line 19 minus Line 18)
Attach a full written explanation. _____
- 22. AMOUNT OF OVERPAYMENT
TO BE CREDITED TO NEXT YEAR _____
- 23. REFUND AMOUNT
Line 21 minus Line 22 _____

Date

Title

Signature

*** Submit employee W-2 forms or attach a listing that provides all of the same information that is listed on a W-2.**