

**Tax Year 2011**

**VILLAGE OF SPENCERVILLE INCOME TAX DEPARTMENT**

**FORM W3 1224  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION**

PO BOX 57  
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024

**DUE DATE 03/12/2012**

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 Village of Spencerville Income Tax Department, 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**

<b>Period</b>	<b>(1) Gross Payroll</b>	<b>(2) Payroll Not Subject to Tax</b>	<b>(3) Payroll Subject to Tax</b>	<b>(4) Tax Due</b>	<b>(5) Tax Paid Per Your Records</b>
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 \_\_\_\_\_