

# City of Wooster, Ohio

## Reconciliation of Municipal Income Tax Withheld and Transmittal of W-2 Forms



**Please List Business Name, Address, and Taxpayer Identification  
Number Below:**

**For year ending:**

**File on or before: 02/28**

**[Copies of all W-2s must be attached]**

1. Number of W-2 Forms Attached: 1. \_\_\_\_\_
2. Total Amount of Payroll to all Employees: (Sum of box 18 on all W2s) 2. \_\_\_\_\_
3. Total Wooster Tax Withheld per W-2 Forms: (Sum of box 19 on all W2s) 3. \_\_\_\_\_

Schedule of Withholding Tax Payments Made to the City of Wooster

January 31 _____	April 30 _____	July 31 _____	October 31 _____
February 28 _____	May 31 _____	August 31 _____	November 30 _____
March 31 _____	June 30 _____	September 30 _____	December 31 _____

4. Total payments remitted to the City of Wooster 4. \_\_\_\_\_
5. Balance Due or Overpayment Declared: 5. \_\_\_\_\_

Box X: If Box 3 and Box 4 Are Not Equal Please Explain All Discrepancies. Attach Additional Pages if Needed.

**Please Remit any balance due if greater than \$1.00**

**W-2 FORMS MUST BE SENT WITH THIS RECONCILIATION**

I CERTIFY THAT THE INFORMATION AND STATEMENTS  
CONTAINED HEREIN ARE TRUE AND CORRECT

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Complete and return with remittance to:**

**CITY OF WOOSTER  
PO BOX 1088  
WOOSTER OH 44691-7081  
Phone (330) 263-5200 Ext. 393**