

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 5 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 \$10.00

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) 263-5226