

Findlay City Income Tax - 1
Form W-3 Employer's Annual Withholding Reconciliation
Post Office Box 862 Findlay, Ohio 45839-0862
Phone: 419-424-7133 Fax: 419-424-7410
findlayohio.com

Total payroll for the year.....

Name

1. Total payroll subject to Findlay tax.....

Address

2. Liability (one percent of line 1).....

City ST Zip

3. Tax withheld from employees.....

Federal employer identification number

4. Greater of line 2 or line 3.....

Year (due last day of February)

5. Amount remitted to Findlay.....

Quantity of W-2s attached

6. Line 4 minus line 5.....

If this account was active for the year solely and entirely for withholding Findlay tax voluntarily from resident employees, line 1 should be zero.

If line 6 is a negative number, Refund ____ or Carry forward ____
If positive and greater than \$10, make check payable to City of Findlay

I certify, to the best of my knowledge and belief, that the information shown above is true, correct, and complete.

Signature of Responsible Party

Date

Title

Phone