

YEAR - _____

ACCT# - _____ FID# - _____

ATTN - _____

NAME - _____

ADDR 1 - _____

ADDR 2 - _____

CITY - _____ ST _____ ZIP _____

VILLAGE OF ARCHBOLD
INCOME TAX DEPARTMENT
RECONCILIATION OF INCOME TAX WITHHELD FROM EARNINGS

PLEASE INSERT INFORMATION REQUESTED BELOW:

1. TOTAL NUMBER OF W-2'S ENCLOSED - _____
**NOTE - COPIES OF W-2 FORMS ARE REQUIRED

2. TOTAL FEDERAL EARNINGS (BOX 1) AS PER ENCLOSED W-2'S - \$ _____

3. TOTAL LOCAL EARNINGS (ALL LOCALITIES) AS PER ENCLOSED W-2'S - \$ _____

4. IF THERE IS A DIFFERENCE BETWEEN THE AMOUNTS ON LINES NO. 2 AND NO. 3, PLEASE EXPLAIN. ---
IF THE DIFFERENCE INCLUDES ANY DEFERRED COMPENSATION, RETIREMENT PICK-UP, ETC., GIVE
AMOUNT FOR EACH PLAN. IF THE DIFFERENCE INCLUDES INCOME THAT IS NOT WITHHELD ON FOR
EMPLOYEES WHO ARE UNDER 18 YEARS OF AGE, GIVE THIS AMOUNT AND ATTACH A LIST OF
THESE EMPLOYEES WITH THEIR DATE OF BIRTH*.-

5. TOTAL ARCHBOLD EARNINGS AS PER W-2'S IF NOT THE SAME AS THE TOTAL LOCAL EARNINGS ON
LINE NO. 3 - \$ _____

6. TOTAL ARCHBOLD INCOME TAX WITHHELD FROM EARNINGS AS PER W-2'S - \$ _____

7. IF THE AMOUNT ON LINE NO. 6 IS NOT 1-1/2% (.015) OF THE TOTAL ARCHBOLD EARNINGS, PLEASE
EXPLAIN*.- _____

8. ARCHBOLD INCOME TAX WITHHELD AND PAID QUARTERLY AS PER W-1 FORMS
(EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD):

QUARTER ENDING ON MAR 31	\$ _____
QUARTER ENDING ON JUNE 30	\$ _____
QUARTER ENDING ON SEPT 30	\$ _____
QUARTER ENDING ON DEC 31	\$ _____
TOTAL TAXES WITHHELD	\$ _____

9. IF THE TOTAL AMOUNT ON LINE NO. 8 DOES NOT MATCH THE AMOUNT ON LINE NO. 6, PLEASE
EXPLAIN*.- _____

NOTE: IF AN ERROR WAS MADE IN WITHHOLDING AND ADDITIONAL ARCHBOLD INCOME TAX IS DUE,
PLEASE INCLUDE A CHECK TO COVER THIS AMOUNT.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

SIGNATURE - _____

OFFICIAL TITLE - _____

DATE - _____

* IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THE BACK OF THIS FORM OR ATTACH AN EXTRA PAGE.