Village of Byesville
Byesville Income Tax Department
(740) 685-3337

WITHHOLDING TAX RECONCILIATION FOR TAX YEAR_____

The tax ordinance requires annual preparation and filing of this report from all employers subject to the tax. This report must be submitted to the Village of Byesville Income Tax Department, P.O. Box 8, Byesville, Ohio 43723, no later than **January 31st.** There are no exceptions.

DO NOT REMIT THIS FORM WITHOUT LEGIBLE COPIES OF W-2 FORMS.

EMPLOYER'S NAME ADDRESS AND ACCOUNT NUMBER

1. Total number of employees $_____
2. Total payroll for the year $_____
3. Less payroll not subject to tax $_____
4. Payroll subject to tax $_____
5. Withholding tax liability @ 1% of Line 4 $_____

13. Explanation of why payroll is not subject to tax _____

MONTHLY WITHHOLDING RECONCILIATION

Do not include interest and penalty.

1st month Jan due Feb 15th	$_____
2nd month Feb due Mar 15th	$_____
3rd month Mar due Apr 15th	$_____
4th month Apr due May 15th	$_____
5th month May due Jun 15th	$_____
6th month Jun due Jul 15th	$_____
7th month Jul due Aug 15th	$_____
8th month Aug due Sep 15th	$_____
9th month Sep due Oct 15th	$_____
10th month Oct due Nov 15th	$_____
11th month Nov due Dec 15th	$_____
12th month Dec due Jan 15th	$_____
Total paid for year	$_____
Overpayment	$_____

Explanation _____

Shortage due and paid now $_____

Explanation _____

QUARTERLY WITHHOLDING RECONCILIATION

Do not include interest and penalty.

1st quarter ending Mar 31st Due Apr 30th	$_____
2nd quarter ending Jun 30th Due Jul 31st	$_____
3rd quarter ending Sep 30th Due Oct 31st	$_____
4th quarter ending Dec 31st Due Jan 30th	$_____
Total paid for year	$_____
Overpayment	$_____

Explanation _____

Shortage due and paid now $_____

Explanation _____

FOR TAX OFFICE USE ONLY

_____
AUTHORIZED SIGNATURE

_____
TITLE

_____
DATE