

Tax Year _____

VILLAGE OF BYESVILLE

PO Box 8
Byesville, OH 43723

740-685-0800 ext.3

FORM W3 1336
EMPLOYER'S
WITHHOLDING
RECONCILIATION

Name _____

And _____

Address _____

FEDERAL ID NUMBER _____
NAME OF PERSON
COMPLETING FORM _____
LOCAL PHONE NUMBER _____
NUMBER OF EMPLOYEES LISTED _____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to City of Byesville, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____