

Tax Year _____

VILLAGE OF BYESVILLE

FORM W3 1336
EMPLOYER'S
WITHHOLDING
RECONCILIATION

PO Box 8
Byesville, OH 43723

740-685-0800 ext.3

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