

MONTGOMERY WITHHOLDING TAX RECONCILIATION
 10101 MONTGOMERY ROAD, MONTGOMERY, OH 45242
 (513) 891-2424 FAX: (513) 891-2994 www.montgomeryohio.org

2008

Due on or before **February 28.**

<p>EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER</p> 	<p align="center">ALL BLANKS <u>MUST</u> BE COMPLETED</p> <p>Fed ID# of Company: _____</p> <p>Submitted by (please print) _____</p> <p>Official Title _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Phone: _____</p> <p>If company moved during the current year, please give date of move: Moved in: _____ Moved out: _____</p>
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<p>TAX YEAR 2008</p> <p>1. Total number of W-2 forms submitted _____</p> <p>2. Total number of current Montgomery employees _____</p> <p>3. Total Montgomery payroll for the year \$ _____</p> <p>4. Less payroll not subject to tax \$ _____ (*Must include explanation below)</p> <p>5. Payroll subject to tax \$ _____</p> <p>6. Withholding tax liability at 1% of Line 5 \$ _____</p> <p>7. Total income tax withheld from wage as shown on employee W-2 forms \$ _____</p>	<p>Montgomery Income tax Withheld</p> <p>8. First quarter ending March 31 \$ _____</p> <p>9. Second quarter ending June 30 \$ _____</p> <p>10. Third quarter ending September 30 \$ _____</p> <p>11. Fourth quarter ending December 31 \$ _____</p> <p>12. Credits from prior year \$ _____</p> <p>13. Total remitted for the year \$ _____</p> <p>14. Tax Due (enter the greater amount of Line 6 or Line 7) \$ _____</p> <p>15. Additional tax due \$ _____</p> <p>16. Overpayment credited to next year (Refunds not issued to active accounts) \$ _____</p>
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NO TAXES OR CREDITS OF LESS THAN \$1.01 SHALL BE COLLECTED OR REFUNDED.

- Copies of W-2 forms of taxable employees **MUST** accompany the filing of this form.
- If non-employee compensation of \$600.00 or more per individual was paid for work done in Montgomery:
- Copies of 1099-forms **MUST** accompany this return.

EXPLANATION OF PAYROLL NOT SUBJECT TO TAX
 (If no explanation provided, 1% of total payroll is due and payable.)

FOR TAX OFFICE ONLY		
FILED: _____	CHECK #: _____	AMOUNT: _____