

# EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

## WILMINGTON INCOME TAX BUREAU

P.O. BOX 786  
69 N SOUTH STREET  
WILMINGTON, OH 45177

PHONE 937-382-1880  
FAX 937-382-3550

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

**ATTACHED IS OUR CHECK MADE PAYABLE TO THE  
CITY OF WILMINGTON IN THE SUM OF \$** \_\_\_\_\_

REPRESENTING PAYMENT OF TAXES WITHHELD FROM  
OUR EMPLOYEES FOR THE MONTHS LISTED BELOW:

NUMBER OF EMPLOYEES: \_\_\_\_\_

PLEASE SEND EVEN IF NO  
TAX DUE FOR THE PERIOD

**EIN NO:** \_\_\_\_\_ **ACCOUNT NO:** \_\_\_\_\_

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

DUE ON OR BEFORE: **APRIL 15, 2016**

FOR THE MONTHS OF: **JAN, FEB, MAR**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

## RECONCILIATION INSTRUCTIONS

If item 6 below indicates overpayments and refund is desired attach explanation and request to this Form. If additional tax due is indicated, attach payment when filling.

The tax ordinance requires the annual preparation and filling of this report from all employers' subjects to the tax. Reports must be completed and mailed to the **WILMINGTON INCOME TAX BUREAU, P.O. BOX 786, WILMINGTON OH 45177** on or before **FEBRUARY 29**.

Other information required to be submitted with this report is the name and address of each employee completely, or only in part, subject to tax during this year, the total gross earnings of each such employee and the amount of Wilmington tax withheld from those earnings.

Employers desiring to submit commercially reproduced copies of Federal Forms W-2 or electronic reproduction bearing the required information in either card or listing form may do so.

**PLEASE ATTACH W-2'S**

## WITHHOLDING TAX RECONCILIATION FOR 2015

### WILMINGTON INCOME TAX BUREAU

P.O. BOX 786  
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1. TOTAL NUMBER OF TAXABLE EMPLOYEES.....
2. TOTAL PAYROLL FOR THE YEAR \$.....
3. LESS PAYROLL NOT SUBJECT TO TAX \$.....
4. PAYROLL SUBJECT TO TAX \$.....

**EIN NO:** \_\_\_\_\_ **ACCOUNT NO:** \_\_\_\_\_

## W-3...EMPLOYER'S QUARTERLY RETURNS

5. WITHHOLDING TAX LIABILITY OF 1% OF LINE 4.....
6. TOTAL INCOME TAX WITHHELD FROM WAGE AS SHOWN BY LINE  
1, EMPLOYERS QUARTERLY RETURNS (W-1)  
QUARTER ENDING MARCH 31 \$.....  
QUARTER ENDING JUNE 30 \$.....  
QUARTER ENDING SEPTEMBER 30 \$.....  
QUARTER ENDING DECEMBER 31 \$.....

TOTAL FOR YEAR \$.....

7. OVERPAYMENT \$.....OR TAX DUE \$.....

MUST BE FILED ON OR BEFORE FEBRUARY 29, 2016  
ATTACH COPIES OF W-2 FORMS OR COMPUTER  
PRINTOUT AND INCLUDE 1099 MISC FORMS.

**-TAX OFFICE USE ONLY-**

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REPRESENTING PAYMENT OF TAXES WITHHELD FROM  
OUR EMPLOYEES FOR THE MONTHS LISTED BELOW:

NUMBER OF EMPLOYEES: \_\_\_\_\_

DUE ON OR BEFORE: **JULY 15, 2016**

FOR THE MONTHS OF: **APR, MAY, JUN**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

I HEARBY CERTIFY THAT THE INFORMATION AND  
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REPRESENTING PAYMENT OF TAXES WITHHELD FROM  
OUR EMPLOYEES FOR THE MONTHS LISTED BELOW:

NUMBER OF EMPLOYEES: \_\_\_\_\_

DUE ON OR BEFORE: **OCTOBER 15, 2016**

FOR THE MONTHS OF: **JUL, AUG, SEP**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

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NUMBER OF EMPLOYEES: \_\_\_\_\_

DUE ON OR BEFORE: **JANUARY 15, 2017**

FOR THE MONTHS OF: **OCT, NOV, DEC**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

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