

CITY OF MORaine: 2015 ANNUAL RECONCILIATION OF TAX WITHHELD FROM WAGES

FORM W-3

PLEASE REMIT TO:
 CITY OF MORaine
 INCOME TAX DIVISION
 4200 DRYDEN ROAD
 MORaine, OH 45439

FEID# _____
 CO. NAME _____
 ADDRESS _____
 NUMBER OF W-2'S ATTACHED _____

I have examined this return and to the best of my knowledge it is correct.

 SIGNATURE DATE

 PRINT NAME TITLE PHONE

	1) GROSS PAYROLL	2) PAYROLL (NOT SUBJECT TO TAX)	3) PAYROLL (SUBJECT TO TAX)	4) TAX DUE (2.5%)	5) TAX PAID (PER YOUR RECORDS)
JAN	_____	_____	_____	_____	_____
FEB	_____	_____	_____	_____	_____
MAR	_____	_____	_____	_____	_____
APR	_____	_____	_____	_____	_____
MAY	_____	_____	_____	_____	_____
JUN	_____	_____	_____	_____	_____
JUL	_____	_____	_____	_____	_____
AUG	_____	_____	_____	_____	_____
SEP	_____	_____	_____	_____	_____
OCT	_____	_____	_____	_____	_____
NOV	_____	_____	_____	_____	_____
DEC	_____	_____	_____	_____	_____
TOTAL	=====	=====	=====	=====	=====

TOTAL PAYMENTS _____
 BALANCE DUE _____
 REFUND _____
DUE ON OR BEFORE FEBRUARY 28, 2016