

CITY OF MORAINE: 2018 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
 (937) 535-1026

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, 2019

*****NEW*****

Per ORC 718 and Moraine Chapter 185.051(H)

- Must list names, address, and social security numbers of all employees
- Qualifying wages tax was withheld or should have been withheld
- Amount of Moraine tax withheld
- Name and amount of every OTHER municipal tax withheld