Village of Lordstown
Income Tax Department
FORM W-3

WITHHOLDING TAX RECONCILIATION

(330) 824-2627
FAX: (330) 824-3703

1. Total number of employees _____ _____

2. Total payroll for the year _____ $_____

3. Less payroll not subject to tax _____ $_____

4. Payroll subject to tax _____ $_____

5. Withholding tax liability @ 1.5% of Line 4 ... $_____

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

Total Lordstown Income Tax Withheld Tax Year 20 _____

First quarter ending March 31 _____ $ _____

Second quarter ending June 30 _____ $ _____

Third quarter ending September 30 _____ $ _____

Fourth quarter ending December 31 _____ $ _____

6. Total remitted for the year _____ $ _____

7. (a) Overpayment _____ $ _____

(b) Additional Tax Due _____ $ _____

INCOME TAX OFFICE USE ONLY:

DATE

AUTHORIZED SIGNATURE

INSTRUCTIONS

ATTACH FEDERAL W-2 FORM OR ELECTRONIC REPRODUCTIONS BEARING THE REQUIRED INFORMATION IN EITHER CARD OR LISTING FORM.

If item 7(a) above indicates overpayment and refund is desired, attach explanation and request to this Form. If additional tax due is indicated, attach payment when filing.

The tax ordinance requires the annual preparation and filing of this report from all employers subject to the tax. Reports must be mailed to the Village of Lordstown Income Tax Department, 1455 Salt Springs Road, S.W., Lordstown, Ohio 44481 on or before February 28.

LORDSTOWN COPY