

Form SW-3**VILLAGE OF WALBRIDGE – INCOME TAX DEPARTMENT**

P.O. BOX 555, WALBRIDGE, OH 43465

VOICE (419) 666-1830 • FAX (419) 661-8458

WITHHOLDING TAX RECONCILIATION RETURN**FOR TAX YEAR****MUST BE RETURNED WITH W-2'S BY THE END OF FEBRUARY**

1. Number of W-2's attached\$ _____
2. Number of employees working
in Walbridge at year end\$ _____
3. Total payroll for the year\$ _____
4. Less payroll not subject to tax\$ _____
Attach explanation
5. Payroll subject to tax\$ _____
6. Withholding tax liability at
1.50% of Line 5.....\$ _____
7. Total Walbridge tax withheld
per W-2's\$ _____

- | | |
|--|-----------------------------------|
| 8. January.....\$ _____ | 14. July.....\$ _____ |
| 9. February.....\$ _____ | 15. August.....\$ _____ |
| 10. March/Qtr. 1.....\$ _____ | 16. September/Qtr. 3.....\$ _____ |
| 11. April.....\$ _____ | 17. October.....\$ _____ |
| 12. May.....\$ _____ | 18. November.....\$ _____ |
| 13. June/Qtr. 2.....\$ _____ | 19. December/Qtr. 4.....\$ _____ |
| 20. Total remitted for year.....\$ _____ | |
| 21. Difference between Lines 6 & 20 (amount due/overpaid).....\$ _____ | |

Non-resident EmployersDo you withhold tax as a courtesy
or because the employee(s) work(s)
in the Village of Walbridge?

- ☐ Courtesy
☐ Works in Walbridge

*Refunds are NOT automatically issued.
If refund of overpayment is requested
please attach explanation. If additional
tax is due, enclose payment with return.

EMPLOYER NAME/ADDRESS

FID# _____

Email _____

Phone _____

I hereby certify that the information and statements contained herein are
true and correct.

Signed By _____

Date _____

Print Name _____

Official Title _____

Owner, Partner, Member, President, Treasurer

The reconciliation form must be filed with the TAX ADMINISTRATOR, VILLAGE OF WALBRIDGE, on or before the last day of February, unless written request for extension has been made to and granted (in writing) by the Tax Administrator.

The reconciliation form must be accompanied by copies of your employees' W-2's showing: (1) name and address of employee; (2) social security number; (3) gross earnings paid before ANY payroll deductions; (4) breakdown of any benefits taxable by WALBRIDGE but not taxable by the Federal or State governments; (5) amount of WALBRIDGE income tax withheld; and (6) name, address and FID number of employer. The W-2's or wage statements must be in alphabetical or social security number order.

In place of copies of the W-2's Walbridge will accept the following: (1) a computer diskette containing the same information as required by the Federal government or (2) a computer generated list showing all of the above information.

In the future, employers required to file W-2 information with the Federal government on magnetic media also will be required to file on magnetic media with Walbridge.

PLEASE NOTE:

If line 21 indicates an amount due, enclose payment with return. If line 21 indicates an overpayment, it will be applied to next year unless you request a refund with an explanation.