

TAX YEAR 20 _____

COLUMBIA TOWNSHIP JEDZ TAX DEPARTMENT

5903 HAWTHORNE AVE

CINCINNATI, OH 45227

Phone (513) 272-9954 FAX (513) 561-5748

FORM W3 - EMPLOYER'S
WITHHOLDING RECONCILIATION

NAME _____

ADDRESS _____

FEDERAL ID NUMBER _____

NAME OF PERSON _____

COMPLETING FORM _____

LOCAL PHONE NUMBER _____

NUMBER OF EMPLOYEES LISTED _____

INCLUDES COURTESY WITHHOLDING? YES OR NO

EMPLOYEE W-2s OR NON-EMPLOYEE 1096 AND 1099s MUST ACCOMPANY THIS FORM.**INSTRUCTIONS**

1. W-2s should be remitted electronically, in EFW2 format, if there are 25 employees or more.
Email eharback@fairfaxoh.org if you need the EFW2 requirements document.
2. If you pay "non-employees" via 1099s, please attach the 1096 (summary) and the 1099s. Please ensure the home addresses listed are correct, and provide a phone number for each person, so we can follow directly with them.
3. Attach explanation if column 2 is used.
4. Attach check payable to "Columbia Township JEDZ Tax Department" if there is a remaining balance due.
5. If remittance throughout the year exceeded the amount due, give explanation and request refund below.
6. Email eharback@fairfaxoh.org with any questions.

ENTER PAYROLL BY MONTHLY OR QUARTERLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
Jan	_____	_____	_____	_____	_____
Feb	_____	_____	_____	_____	_____
Mar / Qtr 1	_____	_____	_____	_____	_____
Apr	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
Jun / Qtr 2	_____	_____	_____	_____	_____
Jul	_____	_____	_____	_____	_____
Aug	_____	_____	_____	_____	_____
Sep / Qtr 3	_____	_____	_____	_____	_____
Oct	_____	_____	_____	_____	_____
Nov	_____	_____	_____	_____	_____
Dec / Qtr 4	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____

TOTAL TAX REMITTED THROUGHOUT YEAR: _____

BALANCE DUE: _____

Explain any differences: _____
_____CHECK HERE ____ IF REFUND IS REQUESTED: _____
