

Tax Year 2014

SYCAMORE TWP JEDZ - NORTHWEST

FORM W3 1077 279

EMPLOYER'S
WITHHOLDING
RECONCILIATION

00001

c/o Deer Park Tax
7777 Blue Ash Road
Deer Park OH 45236
Voice 513-794-8863 Fax 513-794-8866



DUE DATE 02/28/2015

Name
And
Address

| |
|---|
| FEDERAL ID NUMBER _____ |
| NAME OF PERSON COMPLETING FORM _____ |
| LOCAL PHONE NUMBER _____ |
| NUMBER OF EMPLOYEES LISTED _____ |

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to SYCAMORE TWP JEDZ - Northwest, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

ENTER PAYROLL BY QUARTERLY OR MONTHLY 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 |
|-----------------|-------------------------|--------------------------------------|----------------------------------|-------------------|-------------------------------------|
| January | _____ | _____ | _____ | _____ | _____ |
| February | _____ | _____ | _____ | _____ | _____ |
| March/Qtr-1 | _____ | _____ | _____ | _____ | _____ |
| April | _____ | _____ | _____ | _____ | _____ |
| May | _____ | _____ | _____ | _____ | _____ |
| June/Qtr-2 | _____ | _____ | _____ | _____ | _____ |
| July | _____ | _____ | _____ | _____ | _____ |
| August | _____ | _____ | _____ | _____ | _____ |
| September/Qtr-3 | _____ | _____ | _____ | _____ | _____ |
| October | _____ | _____ | _____ | _____ | _____ |
| November | _____ | _____ | _____ | _____ | _____ |
| December/Qtr-4 | _____ | _____ | _____ | _____ | _____ |
| TOTALS | _____ | _____ | _____ | _____ | _____ |

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____