

**Tax Year 2015**

**SYCAMORE TWP JEDZ - NORTHWEST**

FORM W3 1077 408  
 EMPLOYER'S  
 WITHHOLDING 00001  
 RECONCILIATION

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



**DUE DATE 02/28/2016**

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**

<u>Period</u>	<u>(1) Gross Payroll</u>	<u>(2) Payroll Not Subject to Tax</u>	<u>(3) Payroll Subject to Tax</u>	<u>(4) Tax Due</u>	<u>(5) Tax Paid Per Your Records</u>
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____

TOTAL REMITTANCE MADE \_\_\_\_\_

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_