

Employer's Reconciliation of Tax Withheld

Tax Year _____

Due on or Before _____

Athens City Income Tax Department

8 East Washington Street

Athens, OH 45701-2496

740-592-3337 Fax 740-592-6400



Name _____ Account/FID # _____

Present Address

Copies of W-2's of taxable employees must accompany the filing of this form. If non-employees compensation was paid in excess of \$600.00, per individual, copies of 1099's must also accompany this return.

1. Total Number of Taxable Employees _____

2. Total Salaries, Wages, Commissions and Other Compensation paid to all Employees \$ _____

3. Less Non-Taxable Items (Compensation Paid to Non-Residents for Service Outside of Athens and to Persons Under 18 Years of Age) \$ _____

4. Total Taxable Earnings \$ _____

5. Total Tax Due at 1.65% (.0165) \$ _____

6. Actual Tax Withheld \$ _____

7. Total Amount Paid to Athens \$ _____

8. Items 6 and 7 should be Identical. \$ _____

Show amount and explain fully any discrepancies.

Date _____ Signed _____ Phone _____

File Reconciliations With:

Athens City Income Tax Department

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