

Employer's Reconciliation of Tax Withheld

Tax Year _____

Due on or Before _____

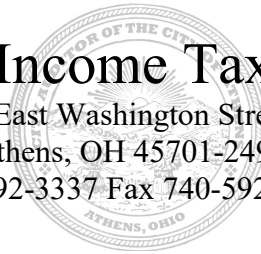
Final

Athens City Income Tax Department

8 East Washington Street

Athens, OH 45701-2496

740-592-3337 Fax 740-592-6400



Name _____ Account / FEIN # _____

Present Address

Copies of W-2's for taxable employees must accompany the filing of this form. If non-employees compensation was paid in excess of \$600.00, per individual, for work performed in Athens City limits, 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. Payroll not subject to Athens City tax (compensation paid to non-residents for service outside of Athens and/or to individuals under 18 years of age, please list the individual names and explain the reason below). \$ _____

4. Total taxable earnings \$ _____

5. Total tax due at 1.95% (.0195) **(Effective January 1, 2023)** \$ _____

6. Actual tax withheld \$ _____

7. Total amount paid to Athens \$ _____

8. Items 6 and 7 should be identical. \$ _____
(Show amount and fully explain any discrepancies).

Date _____ Signed _____ Phone _____

Please file reconciliations with:

Athens City Income Tax Department
8 East Washington Street
Athens, OH 45701-2496