

**Tax Year 2013**

FORM W3 1131  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

**SYCAMORE VILLAGE INCOME TAX**

P O BOX 69  
SYCAMORE OH 44882-0069

Voice 419-927-6482 Fax 419-927-2272

**DUE DATE 01/31/2014**

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 VILLAGE INCOME TAX, 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.

**W3 INST**

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 \_\_\_\_\_