

**-- VILLAGE OF NORTH KINGSVILLE --
EMPLOYER'S RECONCILIATION OF TAX WITHHELD**

FOR THE YEAR **20** _____ DUE ON OR BEFORE **02/28/** _____

- 1. Total Number of Taxable employees _____
- 2. Total Salaries, Wages, Commissions and Other Compensation
paid to all employees (Before any Deductions or Reductions) _____
- 3. TOTAL TAXABLE EARNINGS _____

Monthly / Quarterly Breakdowns of Withholding Taxes Paid

- 4. JAN _____ APR _____ JUL _____ OCT _____
FEB _____ MAY _____ AUG _____ NOV _____
MAR _____ JUN _____ SEP _____ DEC _____
1 QT _____ 2 QT _____ 3 QT _____ 4 QT _____ TOTAL _____

- 5. Interest _____
- 6. Penalty (see Ordinance) _____
- 7. Actual Amount Paid for Year _____
- 8. Total Amount Due _____
- 9. Difference - Items 7 and 8 should be Identical.
If different, show amount and fully explain on reverse side. _____

I hereby certify that the information and statements
contained herein are true and correct

(Signature) _____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE
AS SHOWN AT TO OF FORM.

(Official Title) _____

(Date) _____

COPIES OF W-2 FORMS MUST BE SUBMITTED WITH THIS FORM

PLEASE BE ADVISED INCOME TAX FOR NORTH KINGSVILLE IS 1.3%. CREDIT IF TAXES ARE PAID TO ANOTHER MUNICIPALITY IS 38% OF THE 1.3% OR MULTIPLY GROSS WAGES BY .806.

Information required to be submitted with this report is: 1) Name and Address of Employee; 2) Social Security Number; 3) Gross Earnings paid before any deductions or reductions; 4) Amount of North Kingsville Village Tax Withheld.

Reproduced copies of Federal Forms W-2 or typed or hand-written lists will be accepted.

Notify Tax Department promptly of any change in information below.

Return Signed Copy

Fed ID #
Name
Address

Mail to: Village of North
Kingsville Tax Dept.
Phone: PO Box 253
(440) 224-1924 North Kingsville OH
44068