

Tax Year 2012

FORM W3 1072
EMPLOYER'S
WITHHOLDING
RECONCILIATION

CITY OF CANAL FULTON
 155 E. MARKET ST.
 SUITE C
 CANAL FULTON OH 44614
 Voice 330-854-9448 Fax 330-854-6260

DUE DATE

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 CITY OF CANAL FULTON, 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

| 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 _____