

Tax Year \_\_\_\_\_

FORM W3 1124  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

**MT. ORAB INCOME TAX BUREAU**

211 South High St.  
P.O Box 268  
Mt. Orab, OH 45154  
Voice 937-444-2945 Fax 937-444-9241

**DUE DATE 02/28**

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 Mt. Orab Income Tax Bureau, 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.

**Substitute form can be used if same information is reported. Attach copies of W-2 forms, 1099-Misc forms or listing of employee wages and withholdings for Mt. Orab. Differences of less than \$5.00 need not be remitted.**

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

<b>Period</b>	<b>(1) Gross Payroll</b>	<b>(2) Payroll Not Subject to Tax</b>	<b>(3) Payroll Subject to Tax</b>	<b>(4) Tax Due</b>	<b>(5) Tax Paid Per Your Records</b>
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
<b>TOTALS</b>	=====	=====	=====	=====	=====

**TOTAL REMITTANCE MADE** \_\_\_\_\_

**Employer - Explain any differences:**

**DIFFERENCE** \_\_\_\_\_