

Tax Year

CITY OF STRUTHERS TAX DEPARTMENT

FORM W3 1104 218474
 EMPLOYER'S WITHHOLDING RECONCILIATION 00001

6 ELM STREET
 STRUTHERS OH 44471-2060



Voice 330-755-2181 Fax 330-755-2196

DUE DATE DUE LAST DAY IN FEBRUARY

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 Struthers Tax Department, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation.
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 _____