Tax Year 2018

FORM W3 1493
EMPLOYER'S
WITHHOLDING
RECONCILIATION

**EAST LIVERPOOL TAX DEPARTMENT**
126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437 Ext Fax 330-386-7865

**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 East Liverpool Tax Department, 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 _____

DIFFERENCE _____

Employer - Explain any differences: