

Tax Year 2019

EAST LIVERPOOL TAX DEPARTMENT

FORM W3 1493 55866
 EMPLOYER'S
 WITHHOLDING 00001
 RECONCILIATION

126 W 6th St
 East Liverpool OH 43920



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

DUE DATE 02/29/2020

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 _____

Employer - Explain any differences:

DIFFERENCE _____