Tax Year 2024

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

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FEDERAL ID NUMBER _____
NAME OF PERSON
COMPLETING FORM _____
LOCAL PHONE NUMBER _____
NUMBER OF EMPLOYEES LISTED _____
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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: