

**Tax Year 2011**

**FORM W3 1112  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION**

**VILLAGE OF BALTIC**  
102 WEST MAIN ST  
BALTIC, OH 43804-9094

Voice 330-897-4464 Fax 330-897-1044

**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 VILLAGE OF BALTIC, 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**

<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 \_\_\_\_\_