

# Village of Loudonville

## Department of Income Tax

156 N. Water Street

P.O. Box 115

Loudonville, OH 44842

Phone: 419-994-3282 Fax: 419-994-3213 Email: [loudonvilletax@neo.rr.com](mailto:loudonvilletax@neo.rr.com)



Account Number: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## YEAR-END WITHHOLDING TAX RECONCILIATION FORM

Tax Year: \_\_\_\_\_

	Amount Paid
Month of January	
Month of February	
Month of March	
1 <sup>st</sup> Quarter	

	Amount Paid
Month of July	
Month of August	
Month of September	
3 <sup>rd</sup> Quarter	

Month of April	
Month of May	
Month of June	
2 <sup>nd</sup> Quarter	

Month of October	
Month of November	
Month of December	
4 <sup>th</sup> Quarter	

1. Total Remitted for the Year \$ \_\_\_\_\_
2. Total Number of Employees \_\_\_\_\_
3. Total Payroll Subject to Withholding \$ \_\_\_\_\_
4. Withholding tax liability (1.75% of Line 3) \$ \_\_\_\_\_
5. Courtesy Residency Tax Withheld \$ \_\_\_\_\_
6. Total Liability Amount (Line 4 plus line 5) \$ \_\_\_\_\_
7. Overpayment (If Line 1 is greater than Line 6) \$ \_\_\_\_\_
8. Additional Tax Due (if line 6 is greater than Line 1) \$ \_\_\_\_\_

**Submit copy of W-2's with this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Contact Person