

**2015****EMPLOYER'S WAGE RECONCILIATION****FORM W-3**

FID/ACCOUNT # \_\_\_\_\_

**DUE ON OR BEFORE FEBRUARY 28, 2016****MAIL TO:**

City of Huber Heights

P.O. Box 24309

Huber Heights, Ohio 45424

937-237-2976

**YOU MUST ENTER NAME AND ADDRESS****WITHHOLDING PAYMENTS REMITTED**

1. JANUARY \_\_\_\_\_
2. FEBRUARY \_\_\_\_\_
3. MARCH \_\_\_\_\_  
    QTR 1 \_\_\_\_\_
4. APRIL \_\_\_\_\_
5. MAY \_\_\_\_\_
6. JUNE \_\_\_\_\_  
    QTR 2 \_\_\_\_\_
7. JULY \_\_\_\_\_
8. AUGUST \_\_\_\_\_
9. SEPTEMBER \_\_\_\_\_  
    QTR 3 \_\_\_\_\_
10. OCTOBER \_\_\_\_\_
11. NOVEMBER \_\_\_\_\_
12. DECEMBER \_\_\_\_\_  
    QTR 4 \_\_\_\_\_
13. TOTAL REMITTED \_\_\_\_\_

**SUMMARY**

14. NUMBER OF W-2s \* \_\_\_\_\_
15. TOTAL WAGES \_\_\_\_\_
16. HUBER HEIGHTS WAGES \_\_\_\_\_
17. WITHHOLDING TAX  
    OBLIGATION (LINE 16 X 2.25%) \_\_\_\_\_
18. ACTUAL WITHHOLDING  
    REMITTED \_\_\_\_\_
19. BALANCE OF TAX DUE \_\_\_\_\_
20. OVERPAYMENT AMOUNT \_\_\_\_\_
21. AMOUNT OF OVERPAYMENT TO  
    BE CREDITED TO NEXT YEAR \_\_\_\_\_
22. REFUND AMOUNT \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ -

Submit employee W-2 forms or attach a listing that provides all of the following information: employee name, social security number, address (including city, state & zip code), total qualifying wages paid for the year and Huber Heights tax withheld.