

# HUBER HEIGHTS EMPLOYER 'S WITHHOLDING RECONCILIATION FORM W-3

ACCT # \_\_\_\_\_ FID # \_\_\_\_\_

EMPLOYER NAME AND ADDRESS (PLEASE COMPLETE)

Due Date: February 28, 20 23

**Please include:**

W-2 forms or printout containing same info.  
1099 forms for non-employee compensation of  
\$600.00 or more paid for worked performed  
in Huber Heights.

Signature	Title	Phone #	Email
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## TAX YEAR 2022

1. Total number of W-2 forms submitted	_____	9. Quarter ending June 30	\$ _____
2. Total number of 1099 forms submitted	_____	10. Quarter ending September 30	\$ _____
3. Total Huber Heights payroll for the year	\$ _____	11. Quarter ending December 31	\$ _____
4. Less payroll not subject to tax (must explain below)	\$ _____	12. Credits from prior year	\$ _____
5. Payroll subject to tax	\$ _____	13. Total (Lines 8 thru 12)	\$ _____
6. Withholding tax liability (@ 2.25% of line 5)	\$ _____	14. Tax due (the greater amount of Line 6 or Line 7)	\$ _____
7. Total income tax withheld from wage as shown on employee W-2 form	\$ _____	15. Additional tax due	\$ _____
8. Quarter ending March 31	\$ _____	16. Overpayment credited to next year/refunded	\$ _____

No taxes or credits less than \$10.00 collected/refunded.

### EXPLANATION OF PAYROLL NOT SUBJECT TO TAX

(If no explanation is provided, 2.25% of total payroll is due and payable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### FOR OFFICE USE ONLY:

POSTMARK DATE: _____	CHECK #: _____	TAX DUE: _____
PENALTY: _____	INTEREST: _____	TOTAL PAID: _____

**CITY OF HUBER HEIGHTS DIVISION OF TAXATION**  
**P.O. BOX 24309**  
**HUBER HEIGHTS, OHIO 45424**  
**PHONE: (937) 237-2976 FAX: (937) 237-2983**