

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 20 22

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
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