HUBER HEIGHTS EMPLOYER 'S WITHHOLDING RECONCILIATION
FORM W-3

ACCT # _____ FID # _____

☐ Courtesy Withholding

EMPLOYER NAME AND ADDRESS (PLEASE COMPLETE)

Due Date: February 28, 20 25

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

TAX YEAR 20 24

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