

WITHHOLDING TAX RECONCILIATION — BELLAIRE INCOME TAX DEPARTMENT

Form W-3 3197 BELMONT STREET • BELLAIRE, OHIO 43906 • (740) 676-2710 • FAX (740) 671-6055

1. Total Number of Employees _____
2. Total Payroll Subject to Withholding _____
3. Withholding Tax Liability (1% of Line 1) _____
4. Total Bellaire Tax Remitted for the Year _____
5. Overpayment (If line 4 is greater than Line 2) _____
6. Additional Tax Due (If line 2 is greater than Line 4) _____

Bellaire Income Tax Withheld For Tax Year 20 _____

Amount Paid		Amount Paid	
Month of January		Month of July	
Month of February		Month of August	
Month of March		Month of September	
1st Quarter		3rd Quarter	
Month of April		Month of October	
Month of May		Month of November	
Month of June		Month of December	
2nd Quarter		4th Quarter	

EMPLOYER

I hereby certify that the information and statements contained herein are true and correct.

Submitted by: _____

Date: _____

ORIGINAL MUST BE RETURNED WITH W-2's & 1099'S BY FEBRUARY 28.

RETURN THIS COPY WITH PAYMENT