

MUNICIPAL & SCHOOL EARNED INCOME TAX OFFICE

PHONE (570) 601-3980

2790 W FOURTH ST, WILLIAMSPORT, PA 17701

RECONCILIATION OF INCOME TAX WITHHELD ON WAGES

(Print in space below employer's **ID Number**, name and address of principal place of business)

ID#: _____

Business Name: _____

Address: _____

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return, make in good faith, pursuant to the Income Tax Resolution and the regulations issued under authority thereof.

(Signed) _____

(Title) _____
(Owner, president, partner, member, etc.)

(Date) _____

For Office Use Only.

VERIFIED BY _____

DATE _____

TAX YEAR

DATE DUE

1. Total Income Tax withheld from wages during year.....\$ _____

2. Total Number of W-2's Transmitted..... _____

3. Total tax withheld per W-2's \$ _____
Plus adding machine tape

Space below for Office use.

4. Total Tax Received...\$ _____

5. Total Per W-2's.....\$ _____

6. Difference\$ _____

INSTRUCTIONS FOR RECONCILIATION FORM

Attach copies of W-2's or a summary sheet listing employees, addresses, social security numbers, wages and local tax withheld for the year. Make sure the quarterlies filed during the year total the tax withheld on the W-2s. If there is a difference, please submit corrected W-2s or a corrected quarterly report to make the account balance. The Reconciliation Form must be submitted by the end of February.