

WITHHOLDING TAX RECONCILIATION

Village of Deshler (419) 278-2955
Income Tax Department
101 E. Main St.
Deshler, Ohio 43516

1. Total Number of employees as represented by
Forms W-2 submitted herewith _____

2. Total Income Tax Withheld from compensation
Paid all employees \$ _____

Name & Address:

EIN: _____

**LEGIBLE COPIES OF W-2 FORMS MUST
ACCOMPANY THIS FORM BY FEBRUARY 28, 2018**

3. Total Income Tax Withheld from compensation
during 2017 for:

1st Quarter ending March 31st \$ _____
2nd Quarter ending June 30th \$ _____
3rd Quarter ending September 30th \$ _____
4th Quarter ending December 31st \$ _____

4. Total Amount Withheld _____

Parts 2 and 4 should be identical, explain fully any discrepancy.

Preparer's Signature _____

Date _____ **Phone** _____