INSTRUCTIONS FOR COMPLETION OF FORM W-3 AND TRANSMITTAL OF W-2 FORMS

The original of this reconciliation form must be filed with the City of Mason Tax Office, 6000 Mason-Montgomery Road, Mason, OH 45040, on or before February 28th. This must be accompanied by copies of employees' statements (Form W-2) or other report showing:

1. name and address of employee
2. social security number
3. gross earnings paid before any payroll deductions
4. amount of Mason and other city income tax withheld

If a total page is not included with the W-2s, please submit an adding machine tape listing the amounts of Mason income tax withheld, as indicated by the individual employees' statements.

If an amount is listed on Line 3 (payroll not subject to tax), please attach an explanation.

If line 7 indicates a balance due, the amount thereof should accompany this return. If Line 7 indicates an overpayment, please attach an explanation and request a refund. Refunds are not automatically issued.

We prefer to receive this information in alphabetical order, either in printed form or electronically (see electronic standards below). The City of Mason will accept CD's in lieu of paper W-2s. The CD specifications must conform to the Social Security Administration's Magnetic Media Reporting. Be sure to label the outside of each CD with:

1. Company Name
2. Federal ID Number
3. City Account Number
4. Tax Reporting Year
5. Sequence number for multiple CD's (i.e., Disk 2 or 3, etc.)

FORM W-3 CITY OF MASON WITHHOLDING TAX RECONCILIATION FOR TAX YEAR 2011
SUBMIT BY FEBRUARY 28, 2012. W-2s MUST BE ATTACHED

ACCT #: _____

FID #: _____

1. TOTAL NUMBER OF MASON EMPLOYEES (ATTACH W-2S) ..... _____
2. TOTAL MASON PAYROLL FOR THE YEAR ..... _____
3. LESS PAYROLL NOT SUBJECT TO TAX (ATTACH EXPLAINATION) _____
4. PAYROLL SUBJECT TO TAX ..... _____
5. WITHHOLDING TAX LIABILITY @ 1% OF LINE 4 ..... _____
6. TOTAL REMITTED FOR THE YEAR ..... _____
7. OVERPAYMENT $ _____ OR ADDITIONAL TAX DUE _____
8. REFUND ☐ CARRYOVER TO 2012 ☐ ..... _____

EMPLOYER'S NAME & ADDRESS

JANUARY $	**APRIL** $	**JULY** $	**OCTOBER** $
FEBRUARY $	**MAY** $	**AUGUST** $	**NOVEMBER** $
MARCH $	**JUNE** $	**SEPTEMBER** $	**DECEMBER** $

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

Contact Name: _____

Phone Number: _____

Email Address: _____

FILE WITH:
CITY OF MASON TAX OFFICE
6000 MASON-MONTGOMERY ROAD
MASON, OH 45040
TELEPHONE: (513) 229-8535

INCOME TAX OFFICE USE ONLY:

WITHHOLDING TAX WORKSHEET – (KEEP FOR YOUR RECORDS – DO NOT FILE)

Month Ending	Due Date	Check Number	Date	Amount	Month Ending	Due Date	Check Number	Date	Amount
1/31	2/15				7/31	8/15			
2/28	3/15				8/31	9/15			
3/31	4/15				9/30	10/15			
or 1st qtr	4/15				or 3rd qtr	10/15			
4/30	5/15				10/31	11/15			
5/31	6/15				11/30	12/15			
6/30	7/15				12/31	1/15			
or 2nd qtr	7/15				or 4th qtr	1/15			