

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, Ohio 45040, on or before February 28. This form 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, 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-2's. The CD specifications 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 of 3, etc.)

Form W-3

**2008 WITHHOLDING TAX RECONCILIATION
DUE ON OR BEFORE FEBRUARY 28**

- 1. Total number of Mason employees _____
- 2. Total Mason payroll for the year \$ _____
- 3. Less payroll not subject to tax \$ _____
- 4. Payroll subject to tax \$ _____
- 5. Withholding tax liability @ 1% of Line 4 \$ _____

- Mason Income Tax Withheld
- | | | |
|----------------|--------------|-----------------|
| January _____ | May _____ | September _____ |
| February _____ | June _____ | October _____ |
| March _____ | July _____ | November _____ |
| April _____ | August _____ | December _____ |
- 6. Total remitted for the year \$ _____
 - 7. Overpayment \$ _____ or additional tax due \$ _____

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

**FILE WITH
City Of Mason Tax Office
6000 Mason-Montgomery Road
Mason, Ohio 45040
Telephone: (513) 229-8535**

INCOME TAX OFFICE USE ONLY:

City of Mason Tax Office • 6000 Mason-Montgomery Road • Mason, OH 45040 • Tax Office: (513) 229-8535

Withholding Tax Worksheet
(Keep for your records – Do not file)

Withholding Tax Worksheet
(Keep for your records – Do not file)

<u>Month</u> <u>Ending</u>	<u>Due</u> <u>Date</u>	<u>Check#</u>	<u>Date</u>	<u>Amount</u>
1/31	2/15	_____	_____	_____
2/29	3/15	_____	_____	_____
3/31	4/15	_____	_____	_____
or 1st qtr	4/15	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____
or 2nd qtr	7/15	_____	_____	_____

<u>Month</u> <u>Ending</u>	<u>Due</u> <u>Date</u>	<u>Check#</u>	<u>Date</u>	<u>Amount</u>
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
or 3rd qtr	10/15	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____
or 4th qtr	1/15	_____	_____	_____