

ANNUAL RECONCILIATION OF MUNICIPAL INCOME TAX WITHHELD

CITY OF _____

For Tax Year _____ Due _____

1. Total number of W-2s (wages statements) attached

2. Total tax withheld\$

3. Tax Remitted

Jan. Apr. Jul. Oct.

Feb. May Aug. Nov.

Mar. Jun. Sept. Dec.

4. Total\$

5. Balance Due (Remit payment to: Income Tax Dept. at address shown above)\$

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

(Signed)
(Official Title)
Date

Enter name, address and ccount number here ↑.

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN ABOVE