Due on or before the last day of February each year

**VILLAGE OF HARTVILLE – INCOME TAX DEPARTMENT**

**PO BOX 760, HARTVILLE OH 44632**

**PHONE 330-877-9222 FAX 330-877-9778**

**RECONCILIATION OF TAX WITHHELD FOR THE YEAR \_\_\_\_\_\_\_**

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| --- |
| NUMBER OF EMPLOYEES REPORTED \_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **TAXES WITHHELD AND REMITTANCES MADE**   |  |  | | --- | --- | | **Quarters Withheld**  1st Quarter……………………  2nd Quarter…………………..  3rd Quarter………………….  4th Quarter…………………..  Adjustments (Explain)….  Total Amount Withheld.  Total Remittance Made.  Difference (If any)……….. | **Amount Withheld**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **EMPLOYER NAME AND ADDRESS** |
| **W-2’S AND/OR EMPLOYEE LISTING ARE REQUIRED**  Use this form for reporting the names, address, gross earnings and Hartville Village Income Tax withheld from employees during the previous year. If commercially reproduced W-2 Forms are submitted in lieu of listing, use this form as a reconciliation and control sheet. If more space for listing is required, continue on back of page, or additional sheets. |

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|  | **EMPLOYEE LISTING** | | | | |  |  | VILLAGE TAX WITHHELD | | |
|  | Name and Address of Employee | | | | | GROSS EARNINGS | | HARTVILLE | | OTHER |
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