

Form W-3 **CITY OF CHEVIOT WITHHOLDING TAX RECONCILIATION**

TAX YEAR: _____

1. Total Number of W-2's Enclosed	_____
2. Total Payroll for the Year	\$ _____
3. Less Payroll Not Subject To Tax (Attach Explanation)	\$ _____
4. Payroll Subject to Tax	\$ _____
5. Withholding Tax Liability at 2% of Line 4	\$ _____

Cheviot Income Tax Remitted	
First Quarter Ending March 31	\$ _____
Second Quarter Ending June 30	\$ _____
Third Quarter Ending Sept 30	\$ _____
Fourth Quarter Ending Dec 31	\$ _____
6. Total Remitted for the Year	\$ _____
7a. Overpayment (Line 6 less Line 5)	\$ _____
7b. Additional Tax Due (Line 5 less Line 6)	\$ _____

No Tax Less Than \$1.00 Will Be Collected

City of Cheviot Withholding Account Number:

Employer's Name:

Employer's Address:

EIN:

Name and Phone Number of the person filling this out:

Mail To: City of Cheviot Income Tax Office 3814 Harrison Avenue Cheviot, Ohio 45211 Phone: (513) 661-7854 Fax: (513) 661-0702 Email: Tax@Cheviot.org Webpage: www.Cheviot.org
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Make Remittance Payable to: City of Cheviot

Copies of W-2's of taxable employees and 1099's of non-employee compensation that was paid in excess of \$600.00 per individual, must accompany this return.

Please Retain a Copy for Your Records