

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

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