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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