



## 20 ANNUAL WITHHOLDING RECONCILIATION

*Remit this form with corresponding W-2's on/before February 28*

Account Number		
FEIN		
Employer Name		
Address		
City/State/ZIP		
Signature of Responsible Officer	Date	
Responsible Officer Name and Title (please print)		
Name and phone number of the person completing this form		

### CHECK ONE

#### Regular Withholding

My company is located in or conducts business in Springboro.

#### Courtesy Withholding

My company performs no work in Springboro. I am filing this form to report tax withheld as a courtesy to employees who reside in Springboro.

#### Both Regular & Courtesy Withholding

My company has withheld tax from employees performing work functions within the Springboro City limits. It has also withheld tax as a courtesy to Springboro residents who are not working in the City.

## A

### PAYMENT SUMMARY

*Please enter withholding tax payments remitted during the withholding period*

JANUARY	APRIL	JULY	OCTOBER	
FEB	MAY	AUGUST	NOVEMBER	
MARCH	JUNE	SEPTEMBER	DECEMBER	
FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL REMITTED

## B

### RECONCILIATION SUMMARY

NUMBER OF W-2s ENCLOSED: \_\_\_\_\_ Attach W-2s or equivalent listing

1. Workplace wages	
2. Withholding obligation (wages x 1.5%)	
3. Actual workplace tax withheld (total from W-2s)	
4. Difference between tax withheld and tax required (line 2 - line 3)	
5. Residence tax withheld as a courtesy	
6. Total withholdings required to be remitted (line 3 + line 4 + line 5)	
7. Total withholding payments actually remitted (per Section A)	
8. Difference between withholdings and remittances paid (line 6 - line 7)	
9. Balance due (line 8 is a positive number; make check payable to City of Springboro)	
10. Overpayment (line 8 is a negative number)	Refund      Credit to next year