



**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. Residence tax withheld as a courtesy	
5. Total withholdings required to be remitted (greater of lines 2 & 3, plus line 4)	
6. Total withholding payments actually remitted (per Section A)	
7. Difference between withholdings and remittances paid (line 5 - line 6)	
8. Balance due (line 7 is a positive number; make check payable to City of Springboro)	
9. Overpayment (line 7 is a negative number; indicate credit preference below)	
Refund      Credit to next year	