



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