

City of Findlay
Income Tax Department
Post Office Box 862
Findlay, Ohio 45839-0862
PH: 419-424-7133 FX: 419-424-7410
www.ci.findlay.oh.us

Employer's Annual Withholding Reconciliation

_____	1. Total payroll subject to Findlay tax	_____.
Name _____		
_____	2. Liability (1% of line 1)	_____.
Address _____		
_____	3. Tax withheld from employees	_____.
City _____ ST _____ Zip _____		
Fed ID: _____ - _____	4. Greater of line 2 or line 3	_____.
Year: _____	5. Amount remitted to Findlay	_____.
	6. Line 4 minus line 5	_____.

If line 6 is a negative number, Refund____ or Carry forward____
If positive *and* greater than \$4.99 cents, make check payable to City of Findlay

_____ Number of attached W-2s that accompany this return

I certify, to the best of my knowledge and belief, that the information shown on this document is true, correct, and complete.

Signature of Responsible Party Phone Title Date