

**EMPLOYER'S RECONCILIATION OF TAX WITHHELD**  
**VILLAGE OF CROOKSVILLE INCOME TAX DEPARTMENT**  
98 SOUTH BUCKEYE STREET, CROOKSVILLE, OH 43731 740-982-6973, X 1109

- 1. Total number of employees \_\_\_\_\_
- 2. Total payroll for Tax Year 2015 \$ \_\_\_\_\_
- 3. Less payroll not subject to tax \$ \_\_\_\_\_  
**Attach explanation**
- 4. Payroll subject to tax \$ \_\_\_\_\_
- 5. Withholding tax liability at 1.5% (.015) of line 4 \$ \_\_\_\_\_

- Crooksville Income Tax Withheld for Tax Year 2015:
- First Quarter ending March 31 \$ \_\_\_\_\_
  - Second Quarter ending June 30 \$ \_\_\_\_\_
  - Third Quarter ending September 30 \$ \_\_\_\_\_
  - Fourth Quarter ending December 31 \$ \_\_\_\_\_
  - 6. Total remitted for the year \$ \_\_\_\_\_
  - 7. Difference between Lines 5 & 6 \$ \_\_\_\_\_

FEDERAL I.D. NUMBER \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

RETURN PART 1 WITH W-2'S BY JANUARY 31, 2016  
KEEP PART 2 FOR YOUR RECORDS

If Line 7 indicates a balance due, the amount thereof should accompany this return.  
If Line 7 indicates an overpayment, a written refund request containing explanation must be attached to this form. Refunds or credits will not be issued without the written request. (No Refund/Credit under \$1.00)

Submitted by: \_\_\_\_\_

Official Title: \_\_\_\_\_

Date: \_\_\_\_\_

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