

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 2016 \$ _____
- 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 2016:
- 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 FEBRUARY 28, 2017
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 \$10.00)

Submitted by: _____

Official Title: _____

Date: _____

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