

**CITY OF MARYSVILLE
ANNUAL RECONCILIATION RETURN**

SUBMIT BY FEBRUARY 29. W-2'S MUST BE ATTACHED

**MAIL TO: INCOME TAX DIVISION PHONE: (937) 645-7350
CITY OF MARYSVILLE FAX: (937) 645-7351
209 S. Main St., P.O. Box 385
Marysville, OH 43040-0385**

FOR TAX YEAR ENDING 2016

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME: _____

FIN: _____

FORM W3

| | |
|--------------------|--------------------|
| JANUARY | JULY |
| FEBRUARY | AUGUST |
| MARCH | SEPTEMBER |
| 1ST QUARTER | 3RD QUARTER |
| APRIL | OCTOBER |
| MAY | NOVEMBER |
| JUNE | DECEMBER |
| 2ND QUARTER | 4TH QUARTER |

| ALL LINES MUST BE COMPLETED |
|--|
| 1. TOTAL MARYSVILLE W-2'S..... _____ |
| 2. MARYSVILLE WAGES SUBJECT TO WITHHOLDING TAX .. \$ _____ |
| 3. AMOUNT OF MARYSVILLE TAX WITHHELD \$ _____ |
| 4. AMOUNT OF RESIDENCE TAX WITHHELD \$ _____ |
| 5. TOTAL MARYSVILLE TAX PAID..... \$ _____ |

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____