

RETURN PART 1 - KEEP PART 2 FOR YOUR RECORDS

RECONCILIATION OF ALLIANCE INCOME TAX WITHHELD FROM WAGES

CITY OF ALLIANCE, OHIO

Instructions on Reverse Side

1. Total number of employees as represented by Forms W-2 submitted herewith

2. Total ALLIANCE Income Tax withheld from wages during as shown by employee's statement (Form W-2) \$

3. Total ALLIANCE Income Tax Withheld during , for: (Form EQR)

Quarter ended March 31, \$

Quarter ended June 30, \$

Quarter ended September 30, \$

Quarter ended December 31, \$

4. TOTAL \$

5. Difference between Lines 2 & 4 \$

I hereby certify that the information contained herein and in any schedules or exhibits attached are true and correct.

Signed

Official Title Date

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INSTRUCTIONS

The original of this reconciliation form must be filed with the CITY OF ALLIANCE, P.O. BOX 2025, ALLIANCE OHIO 44601 on or before January 31, following calendar year or reporting of the next calendar year, unless a written request for extension has been made to and granted by the City Income Tax Office. This form must be accompanied by copies of employee's statements (Form W-2). A legible copy of commercially printed W-2 Forms will be accepted by this office without specific approval, if the forms have been approved by the Internal Revenue Service and contain the required information for Alliance income tax purposes.

If the difference between lines 2 and 4 indicates a balance due, the amount, thereof should accompany this return; if the difference indicates an overpayment, attach an explanation.

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Where furnishing this information will create a hardship the employer may provide a list of employees subject to the tax. The list shall show the employee's full name, last known address, social security number, gross amount of taxable compensation paid during the year and the amount of municipal income tax withheld.

Employers contracting individuals, businesses, employers, brokers, or others doing business either on a commission basis; or as independent contractors, and are not subject to withholding shall indicate the total amount of earnings, payments, commissions and bonuses to such as are residents of the City of Alliance or who do business in the City of Alliance copies of Federal Form 1099 or shall attach a list which shall indicate social security, numbers, names, addresses and amounts paid.

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