

WITHHOLDING TAX RECONCILIATION
Village of Doylestown
24 South Portage Street
Doylestown, Ohio 44230

LEGIBLE COPIES OF W-2 FORMS MUST
ACCOMPANY THIS FORM BY FEBRUARY 28

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

2. Total Income Tax Withheld from compensation
Paid all employees \$ _____

FEDERAL ID # _____

BUSINESS NAME AND ADDRESS

3. Total Income Tax Withheld from compensation during
_____ for:

JAN . 31 ST	\$ _____	JUL . 31 ST	\$ _____
FEB . 28 TH	\$ _____	AUG . 31 ST	\$ _____
MAR . 31 ST	\$ _____	SEP . 30 TH	\$ _____
APR . 30 TH	\$ _____	OCT . 31 ST	\$ _____
MAY . 31 ST	\$ _____	NOV . 30 TH	\$ _____
JUN . 30 TH	\$ _____	DEC . 31 ST	\$ _____

4. Total Amount Withheld _____

Parts 2 and 4 should be identical, explain fully any discrepancy.

#4 will calculate each month entered