

**EMPLOYER'S RECONCILIATION OF TAX WITHHELD - CITY OF MARIETTA, INCOME TAX DEPARTMENT**

Form W-3

301 PUTNAM STREET • MARIETTA, OHIO 45750 • (740) 373-4032

FEDERAL I.D. # \_\_\_\_\_

*Marietta Income Tax Withheld For Tax Year 20* \_\_\_\_\_

- 1. Total number of employees \_\_\_\_\_
- 2. Total payroll for the year \$ \_\_\_\_\_
- 3. Less payroll not subject to tax \$ \_\_\_\_\_  
Attach explanation
- 4. Payroll subject to tax \$ \_\_\_\_\_
- 5. Withholding tax liability at 1.7% (.017) of Line4 \$ \_\_\_\_\_

- First quarter ending March 31 \$ \_\_\_\_\_
- Second quarter ending June 30 \$ \_\_\_\_\_
- Third quarter ending September 30 \$ \_\_\_\_\_
- Fourth quarter ending Dec. 31 \$ \_\_\_\_\_
- 6. Total remitted for the year \$ \_\_\_\_\_
- 7. \*Overpayment \$ \_\_\_\_\_ or additional tax due \$ \_\_\_\_\_

\*Refunds are not automatically issued. If refund of overpayment is requested, please attach explanation. If additional tax is due, enclose payment with return.

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

Official Title: \_\_\_\_\_  
Owner, Partner, Member, President, Treasurer

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

**ORIGINAL MUST BE RETURNED WITH W-2's BY THE LAST DAY OF FEBRUARY.**  
NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS.

ORIGINAL