

GENERAL RECONCILIATION INFORMATION – Form W3Q/M

On or before the last day of February of each year, every employer must file a withholding reconciliation. copies of all W-2 forms or computer listing applicable to the reconciliation must be attached. All information must include the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld (breakdown for multiple cities, if applicable) and any other compensation paid to the individual. Any individual(s) or business entity compensating individuals on a commission or contract labor basis must supply copies of the 1099 or appropriate earnings statement on or before the last day of February each year. All 1099's or earnings statements shall include the same type of information as required of the W-2 forms as stated above.

NEW REQUIREMENT:

Employers having 50 or more employees are Strongly urged to submitted the W2 information on magnetic media. Such filing must be submitted in a designated format provided by the city. The employer W2 upload process utilizes the same file format as the Social Security Administration (EFW2, formerly MMREF), only with the additional local withholding information included.

if you have any further questions please contact the Income Tax office.

SPECIFIC FILING INFORMATION:

Form W3/QM must show a breakdown of all withholding payments made either quarterly or monthly. Complete lines 1 through 6. The total tax paid should equal 1.8% of Line 1 unless the reduced courtesy withholding rate applies or is included in the total. A breakdown and/or explanation is required if applicable.

The completed Form W3Q/M and all attachments must be submitted to the City of Ashtabula Income Tax Department, P.O. Box 601 Ashtabula, OH 44005-0601 on or before February 28 of each year. Retain a copy for your records. Any questions regarding competition of these forms, contact the Income Tax Department at (440) 992-7104.

COPIES OF W-2'S OR COMPUTER LIST MUST ACCOMPANY THIS FORM

CITY OF ASHTABULA, OHIO RECONCILIATION OF MONTHLY AND QUARTERLY RETURNS OF TAX WITHHELD FOR ASHTABULA
Form W3Q/M WITH STATEMENTS OF WAGES SUBJECT TO TAX **For CALENDAR YEAR** _____

- 1) NUMBER OF EMPLOYEES REPRESENTED BY W-2 STATEMENTS OR PAYROLL TABULATION (ATTACHED)..... _____
- 2) TOTAL PAYROLL TAXABLE TO ASHTABULA..... \$ _____
- 3) TOTAL RATE OF 1.8%..... \$ _____

TAX WITHHELD AND PAID FROM WAGES DURING YEAR REPORTED BY MONTHLY/QUARTERLY (W1) RETURNS OF TAX WITHHELD

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

Federal ID No. _____

DUE ON OR BEFORE THE LAST DAY OF FEBRUARY

Signature (_____)	Title
Phone No.	Date
Email Address	

- 4) TOTAL PAID DURING YEAR \$ _____
 IF LINE 5 IS NOT EQUAL TO LINE 3, ATTACH EXPLANATION OR REMIT AMOUNT DUE AND ENTER ON LINE 5.
- 5) ADJUSTMENT AMOUNT DUE WITH RECONCILIATION \$ _____
- 6) TOTAL LIABILITY \$ _____

RETURN THIS COPY

QUARTERLY WITHHOLDING TAX WORKSHEET
 (Keep for your records – Do not file)

<u>QUARTER ENDING</u>	<u>DUE DATE</u>	<u>CHECK #</u>	<u>DATE</u>	<u>AMOUNT PAID</u>
3/31	4/30	_____	_____	_____
6/30	7/31	_____	_____	_____
9/30	10/31	_____	_____	_____
12/31	1/31	_____	_____	_____

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CITY OF ASHTABULA, OHIO
Form W3Q/M

RECONCILIATION OF MONTHLY AND QUARTERLY RETURNS OF TAX WITHHELD FOR ASHTABULA
WITH STATEMENTS OF WAGES SUBJECT TO TAX

For **CALENDAR YEAR** _____

- 1) NUMBER OF EMPLOYEES REPRESENTED BY W-2 STATEMENTS OR PAYROLL TABULATION (ATTACHED)..... _____
- 2) TOTAL PAYROLL TAXABLE TO ASHTABULA..... \$ _____
- 3) TOTAL RATE OF 1.8%..... \$ _____

TAX WITHHELD AND PAID FROM WAGES DURING YEAR REPORTED BY MONTHLY/QUARTERLY (W1) RETURNS OF TAX WITHHELD

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

Federal ID No. _____

DUE ON OR BEFORE THE LAST DAY OF FEBRUARY

Signature (_____)	Title
Phone No. _____	Date
Email Address _____	

- 4) TOTAL PAID DURING YEAR \$ _____
IF LINE 5 IS NOT EQUAL TO LINE 3, ATTACH EXPLANATION OR REMIT AMOUNT DUE AND ENTER ON LINE 5.
- 5) ADJUSTMENT AMOUNT DUE WITH RECONCILIATION \$ _____
- 6) TOTAL LIABILITY \$ _____

RETURN THIS COPY

Monthly Withholding Tax Worksheet
(Keep for your records – Do not file)

Month Ending	Due Date	Check#	Date	Amount
1/31	2/15	_____	_____	_____
2/28	3/15	_____	_____	_____
3/31	4/15	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____

Monthly Withholding Tax Worksheet
(Keep for your records – Do not file)

Month Ending	Due Date	Check#	Date	Amount
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____