

Village of Loudonville

Department of Income Tax

156 N. Water Street P.O. Box 150

Loudonville, OH 44842

Phone: 419-994-3214 Fax: 419-994-3213



Account Number: _____

FEIN #: _____

Employer: _____

YEAR-END WITHHOLDING TAX RECONCILIATION FORM

Tax Year: _____

	Amount Paid
Month of January	
Month of February	
Month of March	
1 st Quarter	

	Amount Paid
Month of July	
Month of August	
Month of September	
3 rd Quarter	

Month of April	
Month of May	
Month of June	
2 nd Quarter	

Month of October	
Month of November	
Month of December	
4 th Quarter	

1. Total Remitted for the Year \$ _____
2. Total Number of Employees _____
3. Total Payroll Subject to Withholding \$ _____
4. Withholding tax liability (1.75% of Line 3) \$ _____
5. Courtesy Residency Tax Withheld \$ _____
6. Total Liability Amount (Line 4 plus line 5) \$ _____
7. Overpayment (If Line 1 is greater than Line 6) \$ _____
8. Additional Tax Due (if line 6 is greater than Line 1) \$ _____

Submit copy of W-2's with this form.

Signature

Date

Phone Number

Contact Person