

Tax Year 2019

FORM W3 11 48141
 EMPLOYER'S
 WITHHOLDING 00051
 RECONCILIATION

THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001
 Voice 440-988-2877 Fax 440-988-3535



DUE DATE 01/31/2020

Name
 And
 Address

FEDERAL ID NUMBER _____
NAME OF PERSON COMPLETING FORM _____
LOCAL PHONE NUMBER _____
NUMBER OF EMPLOYEES LISTED _____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to THE VILLAGE OF SOUTH AMHERST, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____



1. Number of Taxable Employees.....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2		
3. Taxable Earnings (from line 2).....	3		
4. Actual Tax Withheld at 0.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. .50% per month.....	6		
7. 50%.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

Tax Year 2019

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 30, 2019**

MAKE CHECK OR MONEY ORDER TO:
 THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001
 Voice 440-988-2877 Fax 440-988-3535

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



Tax Year 2019

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 2019. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 0.000 %, 5. Adjustments of Tax for Prior Period, 6. .50% per month, 7. 50%, 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending APR-MAY-JUN

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



Tax Year 2019

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 31, 2019. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 0.000 %, 5. Adjustments of Tax for Prior Period, 6. .50% per month, 7. 50%, 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending JUL-AUG-SEP

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



Tax Year 2019

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 31, 2020. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 0.000 %, 5. Adjustments of Tax for Prior Period, 6. .50% per month, 7. 50%, 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.