

Tax Year _____
Form BW-3
EMPLOYER'S
WITHHOLDING
RECONCILIATION

CITY OF BRYAN
 PO Box 190
 BRYAN OH 43506

Voice 419-636-0772 Fax 419-636-6522



Due Date _____

Name
 And
 Address

Federal ID Number	_____
Name of Person	_____
Completing Form	_____
Local Phone Number	_____
Number of Employees Listed	_____

EMPLOYEES W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to BRYAN CITY INCOME TAX, 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 REMMITANCE MADE _____

DIFFERENCE _____

Employer – Explain any differences:

