Tax Year 2019

VILLAGE OF BATAVIA

65 N Second St.

Batavia OH 45103

FORM W3 1352
EMPLOYER'S
WITHHOLDING
RECONCILIATION

Voice 513-732-2740 Ext   Fax 513-732-5696

DUE DATE   02/28/2019

Name

 And

Address

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FEDERAL ID NUMBER _____

NAME OF PERSON
COMPLETING FORM _____

LOCAL PHONE NUMBER _____

NUMBER OF EMPLOYEES LISTED_____
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EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to Village of Batavia, 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.
1. Attach check payable to Village of Batavia for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.

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 _____