

**CITY OF MARYSVILLE
ANNUAL RECONCILIATION RETURN**

SUBMIT BY FEBRUARY 28. W-2'S MUST BE ATTACHED

**MAIL TO: INCOME TAX DIVISION PHONE: (937) 645-7350
CITY OF MARYSVILLE FAX: (937) 645-7351
209 S. Main St., P.O. Box 385
Marysville, OH 43040-0385**

FOR TAX YEAR ENDING 2019

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME: _____

FIN: _____

FORM W3

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

ALL LINES MUST BE COMPLETED
1. TOTAL MARYSVILLE W-2'S.
2. MARYSVILLE WAGES SUBJECT TO WITHHOLDING TAX .. \$ _____
3. AMOUNT OF MARYSVILLE TAX WITHHELD \$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD \$ _____
5. TOTAL MARYSVILLE TAX PAID..... \$ _____

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____