HETUHN PART 1 - KEEP PART 2 FOR YOUR RECORDS

RECONCILIATION OF DELTA INCOME TAX WITHHELD FROM WAGES

Tax Year

		3.	Total Delta Income Tax Withheld during		, for: (Form EQR)	
1.	Total number of employees as represented by		Quarter ended March 31,	\$		
Forms W-2 submitted herewith			Quarter ended June 30,	\$		
Total Delta Income Tax withheld from wages			Quarter ended September 30,	\$		
during as shown by employee's statement			Quarter ended December 31,	\$		
	(Form W-2)	4.	TOTAL	. \$		
FID#		5.	Difference between Lines 2 & 4	\$		
Name, Address, City, State and Zip			* If Line 5 indicates a balance due, the amount thereof should accompany this If Line 5 indicates an overpayment, a refund request signed by the employer sbe made.			
RETURN PART 1 - KEEP PART			Tax Year		PART :	
	RECONCILIATION OF TAX WITHHELD FR					
W-		Olvi	WAGES			
			Total Delta Income Tax Withheld during		, for: (Form EQR)	
Total number of employees as represented by			Quarter ended March 31,	\$		
	Forms W-2 submitted herewith		Quarter ended June 30,	\$		
2.	Total Delta Income Tax withheld from wages		Quarter ended September 30,	\$		
	during as shown by employee's statement		Quarter ended December 31,	\$		
	(Form W-2)	4.	TOTAL	\$		
	FID#	5.	Difference between Lines 2 & 4	\$		
	Name, Address, City, State and Zip	*	If Line 5 indicates a balance due, the amount the	reof should acco	mpany this return;	
			If Line 5 indicates an overpayment, a refund require made.	iest signed by the	e employer snould	
			REORDER FROM: C.J. BUSINESS FORMS (440) 967-	I500 OR 1-(888) 96	7-1500	

INSTRUCTIONS

The original of this reconciliation form must be filed with the COMMISSIONER OF TAXATION, VILLAGE OF DELTA, 401 Main St., Delta, Ohio 43515, on or before January 31, unless written request for extension has been made to and granted (in writing) by the Administrator. This form must be accompanied by copies of employee's statements (Form W-2) showing: (1) name and address of employee; (2) Social Security number; (3) gross earnings paid before any payroll deductions; (4) Amount of DELTA and other city income tax withheld; and (5) name, address and DELTA serial number of employer. An adding machine tape, listing the amounts of DELTA income tax withheld, as indicated by individual employee's statements, should be attached thereto.

If lines 5 indicates a balance due, the amount thereof should accompany this return; If Line 5 indicates an over payment, a refund request signed by the employer should be made.