

CITY OF AMHERST, OHIO
 RECONCILIATION OF AMHERST INCOME TAX WITHHELD FROM WAGES

Year _____

1. Total number of employees as shown by attached wage statements _____

Federal ID # _____

Company Name and Address:

2. Wages earned for work performed in Amherst \$ _____
 Tax withheld at 1.5% \$ _____
 Wages withheld on for residents of Amherst \$ _____
 Tax withheld at .5% \$ _____
 Tax withheld at 1.5% \$ _____
 3. **Total tax withheld per W-2's attached** \$ _____

This reconciliation must be filed with the City of Amherst Income Tax Department on or before January 31 unless written request for an extension has been made and granted (in writing) by the Tax Administrator.

This form must be accompanied by copies of the employer's statements (Form W-2) or a printout showing the following information:

1. Name and address of employee
2. Social Security number
3. Gross earnings before any payroll deductions
4. Amount of Amherst income tax withheld
5. Name, address and Federal ID number of employer.

*If the difference indicates an overpayment, please attach an explanation. (Amounts under \$3.00 will not be refunded)

4 AMHERST - WITHHOLDING TAX PAID DURING YEAR ON FORM W-1

JANUARY	\$ _____
FEBRUARY	\$ _____
MARCH	\$ _____
(OR) QUARTER ENDED MARCH 31	\$ _____
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APRIL	\$ _____
MAY	\$ _____
JUNE	\$ _____
(OR) QUARTER ENDED JUNE 30	\$ _____
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JULY	\$ _____
AUGUST	\$ _____
SEPTEMBER	\$ _____
(OR) QUARTER ENDED SEPTEMBER 30	\$ _____
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OCTOBER	\$ _____
NOVEMBER	\$ _____
DECEMBER	\$ _____
(OR) QUARTER ENDED DECEMBER 31	\$ _____
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5. **TOTAL REMITTED FOR YEAR** \$ _____

File with:
CITY OF AMHERST INCOME TAX DEPARTMENT
 AMHERST, OH 44001
 PHONE (440) 988-4212 FAX (440) 988-3749
 email address: incometax@amherstohio.org
 website: www.goamherst.com

6. A. *OVERPAYMENT \$ _____
 PLEASE INDICATE: REFUND _____ CREDIT TO NEXT YEAR _____

B. ADDITIONAL TAX DUE \$ _____

If the difference between Lines 3 and 5 indicates a balance due, that amount must accompany this return. (Please do not remit amounts under \$3.00)

Signature: _____ Date: _____ Phone: _____

Please check here if you are no longer doing business in the city of Amherst and would like to close your account with us.

Reconciled
