

# VILLAGE OF HEBRON - INCOME TAX DEPARTMENT EMPLOYER'S RECONCILIATION OF TAX WITHHELD

DUE BY FEBRUARY 28

CITY ID:  
CALENDAR YEAR:

FOR TAX OFFICE USE ONLY						
DATE REC'D	INITIALS	MAIL OFC DB FAX				
PAYMENT REC'D WITH FORM: \$						
				AUDIT	DATE	INITIALS
DATE POSTED	BY	R\$				
W2'S	Y	N	1099'S	Y	N	
LATE FILING PENALTY \$5.00 PER DAY BEGINNING MAR 1ST						

### INSTRUCTIONS FOR PREPARING AND FILING YOUR RECONCILIATION

THIS RECONCILIATION FORM MUST BE FILED ON OR BEFORE FEBRUARY 28 WITH THE VILLAGE OF HEBRON, INCOME TAX DEPARTMENT, HEBRON, OHIO. THE RETURN MUST BE ACCOMPANIED BY COPIES OF W-2'S OR TABULATION LISTING INCLUDING:

1. NAME AND ADDRESS OF EMPLOYEE
2. SOCIAL SECURITY NUMBER
3. TOTAL GROSS COMPENSATION
4. AMOUNT OF TAX WITHHELD FOR HEBRON
5. IF MULTIPLE CITY WITHHOLDING, WITHHELD CITY TAX MUST BE ITEMIZED AND IDENTIFIED
6. VILLAGE ID NUMBER AND FEDERAL EMPLOYER ID NUMBER

WHEN INDIVIDUAL WAGE STATEMENTS ARE SUBMITTED, PLEASE INCLUDE MACHINE TAPE OF TAX WITHHELD, TOGETHER WITH ALL ADJUSTMENTS NECESSARY TO RECONCILE TOTAL PAYROLL REPORTED AS LISTED IN CORPORATE, PARTNERSHIP OR INDIVIDUAL TAX RETURN.

TELEPHONE: (740) 928-3641 FAILURE TO FILE BY FEBRUARY 28 MAY RESULT IN LATE FILING PENALTY.

1. TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_
2. TOTAL PAYROLL FOR THE YEAR \$ \_\_\_\_\_
3. LESS PAYROLL NOT SUBJECT TO THE TAX (NON-RESIDENTS FOR WORK OUTSIDE HEBRON AND PERSONS UNDER 16 YEARS OF AGE)\*\*\* \$ \_\_\_\_\_
4. PAYROLL SUBJECT TO HEBRON TAX \$ \_\_\_\_\_
5. WITHHOLDING TAX LIABILITY AT RATE OF 1.5% OF LINE 4 \$ \_\_\_\_\_
6. TOTAL TAX WITHHELD PER W-2S: \$ \_\_\_\_\_

IF LINE 7 IS NOT EQUAL TO LINE 5 AND/OR LINE 6, ATTACH EXPLANATION, ENTER DIFFERENCE ON LINE 8 AND REMIT ANY AMOUNT DUE ON OR BEFORE FEBRUARY 28.

\*\*\*EXPLANATION WHY PAYROLL IS NOT SUBJECT TO HEBRON TAX:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEBRON INCOME TAX RATE IS 1.5%.

RETURN FORM TO: **VILLAGE OF HEBRON  
TAX DEPARTMENT  
934 W. MAIN ST.  
HEBRON, OHIO 43025**

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT.

### MONTHLY OR QUARTERLY WITHHOLDING REMITTED TO THE VILLAGE OF HEBRON

- |                               |          |
|-------------------------------|----------|
| MONTH ENDED JANUARY 31        | \$ _____ |
| MONTH ENDED FEBRUARY 28       | \$ _____ |
| MONTH ENDED MARCH 31          | \$ _____ |
| OR 1ST QUARTER ENDED MARCH 31 | \$ _____ |
| MONTH ENDED APRIL 30          | \$ _____ |
| MONTH ENDED MAY 31            | \$ _____ |
| MONTH ENDED JUNE 30           | \$ _____ |
| OR 2ND QUARTER ENDED JUNE 30  | \$ _____ |
| MONTH ENDED JULY 31           | \$ _____ |
| MONTH ENDED AUGUST 31         | \$ _____ |
| MONTH ENDED SEPTEMBER 30      | \$ _____ |
| OR 3RD QUARTER ENDED SEPT 30  | \$ _____ |
| MONTH ENDED OCTOBER 31        | \$ _____ |
| MONTH ENDED NOVEMBER 30       | \$ _____ |
| MONTH ENDED DECEMBER 31       | \$ _____ |
| OR 4TH QUARTER ENDED DEC 31   | \$ _____ |

7. TOTAL REMITTANCE FOR THE YEAR \$ \_\_\_\_\_

8. ADJUSTMENT AMOUNT DUE PAID WITH THIS RECONCILIATION \$ \_\_\_\_\_

9. OVERPAYMENT \$ \_\_\_\_\_  
(CIRCLE ONE) CREDIT TO NEXT YR OR REFUND

PRINT NAME AND TITLE OF PREPARER

SIGNATURE

TELEPHONE #

DATE