



EMPLOYER'S RECONCILIATION TAX RETURN

use this form for 2015 and beyond

TAX YEAR: _____ FID#: _____

ACCOUNT NO: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

Total wages subject to the City Income Tax @ 1.0%: \$ _____

FIRST QUARTER PAID: April 30: \$ _____

SECOND QUARTER PAID: July 31: \$ _____

THIRD QUARTER PAID: October 31: \$ _____

FOURTH QUARTER PAID: January 31: \$ _____

TOTAL PAID FOR THE YEAR: \$ _____

EMPLOYEE W2's MUST ACCOMPANY THIS FORM

Please mail this completed form to:

City of Wyoming ~ 800 Oak Avenue ~ Wyoming, OH 45215

Phone: 513-821-9731 ~ Fax: 513-821-7962

Signature _____

Date _____

Please note: This form is for City of Wyoming Income Tax only and is not to be used for Wyoming School Tax. The City of Wyoming does not collect or levy the City School taxes. For information, call the State of Ohio Department of Taxation at 1.800.282.1780 or call the Wyoming School Board office at 513.206.7000. The school tax is separate from the City of Wyoming income tax.