

Tax Year 2017

VILLAGE OF BATAVIA  
65 N Second St.  
Batavia OH 45103

FORM W3 1352  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

Voice 513-732-2740 Ext

Fax 513-732-5696

**DUE DATE 02/28/2018**

Name \_\_\_\_\_  
And \_\_\_\_\_  
Address \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_  
NAME OF PERSON  
COMPLETING FORM \_\_\_\_\_  
LOCAL PHONE NUMBER \_\_\_\_\_  
NUMBER OF EMPLOYEES LISTED \_\_\_\_\_

**EMPLOYEE W2'S MUST ACCOMPANY THIS FORM**

**INSTRUCTIONS**

1. Attach check payable to Village of Batavia, for difference if withholding exceeds remittance.
  2. If remittance exceeds amount withheld, give explanation and request refund below.
  3. Attach explanation if column 2 is used.
- 1. Attach check payable to Village of Batavia for difference if withholding exceeds remittance.**  
**2. If remittance exceeds amount withheld, give explanation and request refund below.**

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE \_\_\_\_\_

**Employer - Explain any differences:**

DIFFERENCE \_\_\_\_\_