

**VILLAGE OF SCIO INCOME TAX DEPT.
P O BOX 308
SCIO, OHIO 43988**

**EMPLOYER RECONCILIATION OF TAX WITHHELD
FOR TAX YEAR _____**

Name: _____

Tax Withheld & Remittances made:

Address: _____

1st Qtr. _____

2nd Qtr. _____

3rd Qtr. _____

4th Qtr. _____

TOTAL WITHHELD _____

TOTAL REMITTED _____

Federal ID: _____

ADJUSTMENTS OR DIFFERENCES:

(explain) _____

Number of employees: _____

Number of W-2's attached: _____

Please attach all W-2 forms or complete the following list:

Employee Name & Social Security #	Address	Gross Earnings (Line 5 of W-2)	Scio Tax withheld
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Signature of Person completing this form: _____