

CITY OF ONTARIO, OHIO
INCOME TAX DEPARTMENT

Year _____

Employer's Annual Reconciliation

FED I.D. # _____	LOCAL TAX I.D. # _____
FROM: _____	Number of W-2's attached _____
_____	Total Wages for year _____
_____	Tax Withheld _____
_____	1st Quarter _____
	2nd Quarter _____
	3rd Quarter _____
	4th Quarter _____
	BALANCE DUE _____
	CREDIT (apply to next qtr) _____

SIGNED _____

TITLE _____

Include with this filing:

1. W-2's
2. 1099's dispersed to persons within your employ subject to Ontario Tax from whom you did not withhold a local tax for the City of Ontario

Please remit on or before January 31, to:

City of Ontario
Income Tax Department
P.O. Box # 166
Ontario, OH 44862