

CITY OF ONTARIO, OHIO

INCOME TAX DEPARTMENT

YEAR _____

Employer's Annual Reconciliation

FED I.D # _____

FROM: _____

SIGNED _____

TITLE _____

LOCAL TAX I.D # _____

Number of W'2s attached _____

Total Wages for Year _____

Tax Withheld _____

QUARTERLY Amounts Paid:

1st Quarter _____

2nd Quarter _____

3rd Quarter _____

4th Quarter _____

MONTHLY Amounts Paid:

1st Month _____

2nd Month _____

3rd Month _____

4th Month _____

5th Month _____

6th Month _____

7th Month _____

8th Month _____

9th Month _____

10th Month _____

11th Month _____

12th Month _____

Include with this filing:

1. All W-2's
2. 1099's for all persons within your employment subject to Ontario tax from whom you did not withhold local tax for the City of Ontario

BALANCE DUE _____

CREDIT (apply to next year) _____

Remit on or before February 28, to:

City of Ontario
Income Tax Department
555 Stumbo Road
Ontario, OH 44906-1259

LATE FILING OF THIS RETURN IS SUBJECT TO

\$25.00/MONTH PENALTY (UP TO \$150.00 MAXIMUM)