Tax Year 2014

FORM W3 1335
EMPLOYER'S
WITHHOLDING
RECONCILIATION

VILLAGE OF NEW CONCORD
2 West Main Street
P.O. Box 10
New Concord OH 43762
Voice 740-826-7671 Fax 740-826-7617

DUE DATE 01/31/2015

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 New Concord, 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.

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 _____

DIFFERENCE _____

Employer - Explain any differences: