

RECONCILIATION OF AMHERST INCOME TAX WITHHELD FROM WAGES

1. Total number of employees as shown by attached wage statements _____

Federal ID #: _____

Company Name and Address:

2. Wages earned for **work performed** in Amherst \$ _____
Tax withheld at 1.5% \$ _____

Wages withheld on for **residents** of Amherst \$ _____
Tax withheld at 1.5% \$ _____
Tax withheld at .5% \$ _____

3. **Total tax withheld per W-2's attached** \$ _____

You may notify our office of zero withholding by emailing us at incometax@amherstohio.org. Please use the subject line "zero withholding" and include the company name, FID number, and month or quarter you are reporting.

This reconciliation must be filed with the Amherst Income Tax Department on or before the last day of February. A written request for an extension may be requested.

This form must be accompanied by copies of the employer's statements (Form W-2) or a printout showing the following information:

1. Name and address of employee
2. Social Security number
3. Total Qualifying Wages and Local Wages
4. Amount of Amherst income tax withheld
5. Name, address and Federal ID number of employer.

File with:
CITY OF AMHERST INCOME TAX DEPARTMENT
480 PARK AVENUE
AMHERST, OH 44001
PHONE (440) 988-4212 FAX (440) 988-3749
email address: incometax@amherstohio.org
website: www.amherstohio.org

4. AMHERST - WITHHOLDING TAX PAID DURING YEAR ON FORM W-1
JANUARY \$ _____

FEBRUARY \$ _____

MARCH \$ _____

(OR) QUARTER ENDED MARCH 31 \$ _____

APRIL \$ _____

MAY \$ _____

JUNE \$ _____

(OR) QUARTER ENDED JUNE 30 \$ _____

JULY \$ _____

AUGUST \$ _____

SEPTEMBER \$ _____

(OR) QUARTER ENDED SEPTEMBER 30 \$ _____

OCTOBER \$ _____

NOVEMBER \$ _____

DECEMBER \$ _____

(OR) QUARTER ENDED DECEMBER 31 \$ _____

5. **TOTAL REMITTED FOR YEAR** \$ _____

6. A) **ADDITIONAL TAX DUE** \$ _____

If the difference between Lines 3 and 5 indicates a balance due that amount must accompany this return.

B) **OVERPAYMENT** \$ _____

PLEASE INDICATE: REFUND _____ CREDIT TO NEXT YEAR _____

If the difference indicates an overpayment, attach an explanation (Amounts of \$10.00 or less will not be refunded)

Signature: _____ Date: _____ Phone: _____

Email Address: _____

Reconciled