

Village of Westfield Center
Income Tax Department
P. O. Box 750

EMPLOYER WITHHOLDING TAX RECONCILIATION

Due on or Before last day of February following tax year
FOR TAX YEAR: _____

Parts 2 and 4 should be identical, explain fully any discrepancy.

1. Total number of employees as represented on forms W-2 submitted herewith: _____

2. Total income tax withheld from Compensation paid all employees: \$ _____

Account Number # _____

Fed. ID # _____

Company Name & Address:

3. Total income tax withheld from compensation during:

1st Quarter ending March 31: \$ _____

2nd Quarter ending June 30: \$ _____

3rd Quarter ending Sept. 30: \$ _____

4th Quarter ending Dec. 31: \$ _____

4. **Total amount Withheld:** \$ _____

I hereby certify that the information and statements contained herein are true and correct.

Signature

Official Title

(Date)