

# Tax Year 2024

CITY OF WASHINGTON COURT HOUSE  
117 N. MAIN STREET  
WASHINGTON C. H. OH 43160

FORM W3 1108  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

Voice 740-636-2342 Ext

Fax 740-636-2348

**DUE DATE 02/28/2025**

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 City of Washington Court House, 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.

**The City of Washington requires all employers issuing 250 or more W-2's in any tax year, to file with electronic media. W-2 must include name, address, social security number, wage and tax withheld.**

#### 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 \_\_\_\_\_

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_