

Tax Year 2025

FORM W3 1108
EMPLOYER'S
WITHHOLDING
RECONCILIATION

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

Voice 740-636-2342 Ext

Fax 740-636-2348

DUE DATE 02/28/2026

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 _____