

CELINA WITHHOLDING TAX RECONCILIATION

ACCOUNT # _____ YEAR _____

Celina Tax Office
P.O. Box 117
Celina, Ohio 45822-0117

Form W-3

Form W-3 Revised 11-19

- Due by February 28th
- W-2's must be attached

Authorized Signature X _____

Fed. I.D. # _____ - _____

- 1. Total Number of W-2's attached _____
 - 2. Total Wages subject to Withholding tax \$ _____
 - 3. Total Tax to be Withheld \$ _____
 - 4. Total of Tax Withheld and paid by period:
 - First Quarter \$ _____
 - Second Quarter \$ _____
 - Third Quarter \$ _____
 - Fourth Quarter \$ _____
 - 5. Total Withholding paid \$ _____
 - 6. Lines 3 and 5 should agree: if not Pay
Additional Tax Due \$ _____
- Make checks payable to: Celina Tax Administrator

INSTRUCTIONS FOR FILING W-3

WH Reconciliation Return: On or before **February 28th** of each year a W-3 Reconciliation Return shall be completed and submitted along with copies of **W-2's** (also applicable 1099 forms).
The W-3 form must report all withholding payments either by quarter or month on the lines provided.

Rate of Tax: 1.5% Celina

Failure to File: Each employer shall be liable for the payment of the taxes required to be deducted or withheld, whether or not such taxes have in fact been withheld.
Employers who fail to withhold taxes or file returns required by the Ordinance shall be subject to penalty, interest, and late fees.

Late Filing Fee: \$25.00 per month or fraction of a month up to \$150.00

Penalty: 50% of withholding tax due

Interest: .58% per month or fraction of a month (based on Federal rate and may change annually)

Quarterly: All returns and tax payments are due on or before the last day of the month following the end of calendar quarter.

Monthly: All returns and tax payments are due no later than fifteen days after the last day of each month. Monthly payments are required when amount of taxes to be deducted have exceeded \$2399 in the preceding calendar year / or exceeded \$200 in any month of the preceding calendar year.

Withholding Record for the Tax Year _____

	AMOUNT	AMOUNT	AMOUNT
A. Monthly Withholding	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
B. Verify Payments/Attach All W-2's With This Filing			\$