

**Form W-3**

Chillicothe City Income Tax Dept.  
35 S. Paint St.  
Chillicothe, Ohio 45601-0457

**RECONCILIATION OF RETURNS OF CHILLICOTHE  
INCOME TAX WITHHELD FROM WAGES (FORMS W-1)  
WITH INCOME TAX WITHHOLDING STATEMENTS**

- 1. Total number of employees as represented by employee's statement transmitted herewith . . . . (Federal W-2 Form Required) or listing showing name, address, S.S.#, gross wages & Chillicothe Tax WH
  - 2. Total Chillicothe income tax withheld from during \_\_\_\_ as shown by employee's statements transmitted herewith . . . . . (A) \$ \_\_\_\_\_
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- 3. Total Chillicothe income tax withheld from wages during \_\_\_\_ as shown by line 5, Employer Return of Tax Withheld (Form W-1)  
(Employer filing monthly attach monthly listing)  
Quarter ended March 31 . . . . . \$ \_\_\_\_\_  
Quarter ended June 30 . . . . . \_\_\_\_\_  
Quarter ended September 30 . . . . . \_\_\_\_\_  
Quarter ended December 31 . . . . . \_\_\_\_\_  
Total . . . . . (B) \$ \_\_\_\_\_

**NO REMITTANCE REQUIRED WITH THIS FORM**

**NOTE:** Any Discrepancy between the amounts shown on lines A and B must be fully explained in an attached statement. File original only with CHILLICOTHE CITY INCOME TAX DEPT., 35 S. PAINT ST., P.O. BOX 457, CHILLICOTHE, OHIO 45601-0457 on or before 1-31

**Enter name and address and/or make necessary changes.**