

Tax Year 2010

CITY OF FOREST PARK

FORM W3 1083
 EMPLOYER'S
 WITHHOLDING
 RECONCILIATION

INCOME TAX
 1201 W KEMPER RD
 CINCINNATI OH 45240

Voice 513-595-5211 Fax 513-595-5293

DUE DATE 02/28/2011

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 FOREST PARK, 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.

25 OR MORE W2s MUST BE SUBMITTED IN MMREF(INCLUDING THE "RS" RECORD) LAYOUT ELECTRONICALLY ON CD OR VIA EMAIL TO w-2@forestpark.org

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 _____