

Form W-3  
Chillicothe City Income Tax Dept.  
35 S. Paint St.  
P.O. Box 457  
Chillicothe, Ohio 45601-0457

## RECONCILIATION OF RETURNS OF CHILLICOTHE INCOME TAX WITHHELD FROM WAGES (FORMS W-1)

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 wages during \_\_\_\_ as shown by employee's statements transmitted herewith ..... (A) \$ \_\_\_\_\_

3. Total Chillicothe income tax withheld from wages during as shown by line 5, Employers Return of Tax Withheld (Form W-1)  
(Employers 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 **DUE** on or before the last day of February of each year.