

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.