

Tax Year 2023

FORM W3 1335
EMPLOYER'S
WITHHOLDING
RECONCILIATION

VILLAGE OF NEW CONCORD

2 West Main Street
P.O. Box 10
New Concord OH 43762

Voice 740-826-7671 Ext

Fax 740-826-7617

DUE DATE

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 Village of New Concord, 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.

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 _____