

**CITY OF GALLIPOLIS, OHIO — WITHHOLDING TAX RECONCILIATION**  
**CITY INCOME TAX WITHHELD FOR THE TAX YEAR \_\_\_\_\_ DUE FEBRUARY 28**

*Copies of W-2's of taxable employees must accompany the filing of this reconciliation form.  
 If nonemployee compensation was paid, copies of 1099-Misc. forms must also accompany this form.*

		Dollars	Cents
1. Total Gross Payroll for the Year .....	1	\$	
2. Less Payroll Not Subject to Tax (Please Explain) .....	2	\$	
3. Payroll Subject to Tax .....	3	\$	
4. Withholding Tax Liability @ 1% of line 3 .....	4	\$	
5. Remittance			
Month of January Due February 28 .....		\$	
Month of February Due March 31 .....		\$	
Month of March Due April 30 .....		\$	
Month of April Due May 31 .....		\$	
Month of May Due June 30 .....		\$	
Month of June Due July 31 .....		\$	
Month of July Due August 31 .....		\$	
Month of August Due September 30 .....		\$	
Month of September Due October 31 .....		\$	
Month of October Due November 30 .....		\$	
Month of November Due December 31 .....		\$	
Month of December Due January 31 .....		\$	
Total Remitted for the Year .....	5	\$	
6. Overpayment Credit to Next Year (Line 4 minus Line 5) ...	6	\$	
7. Additional Tax Due (If under \$1.00 - Do Not Remit) .....	7	\$	

TAX OFFICE USE ONLY	
TOTAL PAID \$	_____
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK _____
RECEIPT #	_____
LATE FEE _____	TOTAL _____
PENALTY _____	MONTHS LATE _____
INTEREST _____	DATE BILLED _____

\*Refunds are Not Issued to Active Accounts and/or Amounts Under \$1.00.  
 \*Late filing fee, penalty and interest will be assessed upon receipt of payment.

Account # \_\_\_\_\_ Federal ID # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Submitted By \_\_\_\_\_  
 Date \_\_\_\_\_ Telephone # \_\_\_\_\_

Use the space below for explanation of adjustments: