

Tax Year
2018

RM W3 1229
EMPLOYER'S
WITHHOLDING
RECONCILIATION

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050
Voice 513-539-7374 Fax 513-539-6209

DUE DATE 02/28/2019

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-OVER 50 W2'S MUST BE ON DISK OR THUMB DRIVE IN THE MMREF FORMAT

INSTRUCTIONS

1. Attach check payable to CITY OF MONROE, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, you must complete a separate refund request form.
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 2% of column (3)	(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 _____