

INSTRUCTIONS FOR COMPLETION OF FORM W-3 AND TRANSMITTAL OF W-2 FORMS

The original of this reconciliation form must be filed with the City of Mason Tax Office, 6000 Mason-Montgomery Road, Mason, OH 45040, on or before February 28th. This must be accompanied by copies of employees' statements (Form W-2) or other report showing:

1. name and address of employee
2. social security number
3. gross earnings paid before any payroll deductions
4. amount of Mason and other city income tax withheld

If a total page is not included with the W-2s, please submit an adding machine tape listing the amounts of Mason income tax withheld, as indicated by the individual employees' statements.

If an amount is listed on Line 3 (payroll not subject to tax), please attach an explanation.

If line 7 indicates a balance due, the amount thereof should accompany this return. If Line 7 indicates an overpayment, please attach an explanation and request a refund. Refunds are not automatically issued.

We prefer to receive this information in alphabetical order, either in printed form or electronically (see electronic standards below). The City of Mason will accept CD's in lieu of paper W-2s. The CD specifications must conform to the Social Security Administration's Magnetic Media Reporting. Be sure to label the outside of each CD with:

1. Company Name
2. Federal ID Number
3. City Account Number
4. Tax Reporting Year
5. Sequence number for multiple CD's (i.e., Disk 2 or 3, etc.)

**FORM W-3 CITY OF MASON WITHHOLDING TAX RECONCILIATION FOR TAX YEAR 2014
 SUBMIT BY FEBRUARY 28, 2015. W-2s MUST BE ATTACHED**

ACCT #: _____

FID #: _____

- 1. TOTAL NUMBER OF MASON EMPLOYEES (ATTACH W-2S) _____
 - 2. TOTAL MASON PAYROLL FOR THE YEAR _____
 - 3. LESS PAYROLL NOT SUBJECT TO TAX (ATTACH EXPLANATION) _____
 - 4. PAYROLL SUBJECT TO TAX _____
 - 5. WITHHOLDING TAX LIABILITY @ 1.12% OF LINE 4 _____
 - 6. TOTAL REMITTED FOR THE YEAR _____
 - 7. OVERPAYMENT \$ _____ OR ADDITIONAL TAX DUE _____
 - 8. REFUND CARRYOVER TO 2015 _____
- EMPLOYER'S NAME & ADDRESS _____

\$ JANUARY	\$ APRIL	\$ JULY	\$ OCTOBER
\$ FEBRUARY	\$ MAY	\$ AUGUST	\$ NOVEMBER
\$ MARCH	\$ JUNE	\$ SEPTEMBER	\$ DECEMBER

I hereby certify that the information and statements contained herein are true and correct.

Contact Name: _____

Phone Number: _____

Email Address: _____

**FILE WITH:
 CITY OF MASON TAX OFFICE
 6000 MASON-MONTGOMERY ROAD
 MASON, OH 45040
 TELEPHONE: (513) 229-8535**

INCOME TAX OFFICE USE ONLY: