

**Tax Year 2025**

**CITY OF WILLARD INCOME TAX DEPT**

**FORM W3 1111**  
 EMPLOYER'S  
 WITHHOLDING  
 RECONCILIATION

631 MYRTLE AVE  
 P O BOX 367  
 WILLARD OH 44890

Voice 419-933-7808 Ext

Fax 419-933-4545

**DUE DATE 02/28/2026**

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 CITY OF WILLARD INCOME TAX DEPT, 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.

**W2'S OR A PAYROLL SUMMARY FOR EACH EMPLOYEE WITH WILLARD TAX WITHHELD MUST BE ATTACHED. YOU MAY ALSO SEND W2'S ELECTRONICALLY USING THE EFW2 FORMAT.**

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

<b>Period</b>	<b>(1) Gross Payroll</b>	<b>(2) Payroll Not Subject to Tax</b>	<b>(3) Payroll Subject to Tax</b>	<b>(4) Tax Due</b>	<b>(5) Tax Paid Per Your Records</b>
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
<b>TOTALS</b>	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE \_\_\_\_\_

**Employer - Explain any differences:**

DIFFERENCE \_\_\_\_\_