

VILLAGE OF GOLF MANOR

6450 Wiehe Road
 Golf Manor, Ohio 45237-4216
 Office 531-5155 Fax 531-4404

TAX YEAR 2006 EMPLOYERS WITHHOLDING RECONCILIATION DUE 02/28/07

FEDERAL ID NUMBER _____
 NAME OF PREPARER _____
 ADDRESS _____

LOCAL PHONE NO. _____
 NUMBER OF EMPLOYEES _____

EMPLOYEE W-2'S MUST ACCOMPANY THIS FORM

1. Attach check payable to the Village of Golf Manor 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
4. If non-employee compensations was paid in excess of \$600.00 per individual copies of 1099's must accompany the return.

ENTER PAYROLL BY QUARTERLY OF 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 _____