

VILLAGE OF GOLF MANOR

6450 Wiehe Road

Golf Manor, Ohio 45237-4216

Office 531-5155

Fax 531-4404

TAX YEAR 2007

EMPLOYERS WITHHOLDING RECONCILIATION

DUE 02/28/08

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 _____