

VILLAGE OF GOLF MANOR

6450 wiehe Road
 Golf Manor, Ohio 45237-4216
 office 531-5155 fax 531-4404

TAX YEAR 2005 EMPLOYERS WITHHOLDING RECONCILIATION DUE 02/28/06

FEDERAL ID NUMBER _____
 NAME OF PREPARER _____
 ADDRESS _____

 LOCAL PHONE NO. _____
 NUMBER OF EMP. _____

EMPLOYEE W2'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 nonemployee compensation was paid in excess of \$600.00 per individual, copies of 1099's must accompany the return

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	(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 _____

DIFFERENCE _____