

**Tax Year 2022**

**FORM W3 1072**  
 EMPLOYER'S  
 WITHHOLDING  
 RECONCILIATION

**CITY OF CANAL FULTON**  
 155 E. MARKET ST.  
 SUITE C  
 CANAL FULTON OH 44614

Voice 330-854-9448 Ext      Fax 330-854-6260

**DUE DATE      02/28/2023**

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 CANAL FULTON, 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.

**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 \_\_\_\_\_