

FORM MW3-M**CITY OF TIFFIN INCOME TAX DEPARTMENT**

P.O. BOX 518, TIFFIN, OH 44883

PHONE (419) 448-5405 www.tiffinohio.gov**RECONCILIATION OF MONTHLY TAX WITHHELD****FOR TAX YEAR _____****MUST BE RETURNED WITH W-2'S BY JANUARY 31**

1. Number of W-2's attached	8. January....\$	14. July.....\$	Non-resident Employers
2. Number of employees working in Tiffin at year end.....	9. February...\$	15. August.....\$	Do you withhold tax as a
3. Total payroll for the year.....\$	10. March.....\$	16. September...\$	courtesy or because the
4. Less payroll not subject to tax.....\$	11. April.....\$	17. October.....\$	employee(s) work(s) in the
Attach explanation	12. May.....\$	18. November...\$	City of Tiffin?
5. Payroll subject to tax.....\$	13. June.....\$	19. December...\$	<input type="checkbox"/> Courtesy
6. Withholding tax liability at	20. Total remitted for year.....\$		<input type="checkbox"/> Works in Tiffin
1.75% of Line 5.....\$	Add Lines 8 through 19		*Refunds are NOT automatically issued.
7. Total Tiffin tax withheld per W-2's.....\$	21. Amount due or overpaid.....\$		If refund of overpayment if requested
	Difference between Lines 6 and 20		please attach explanation. If additional
			<u>tax is due, enclose payment with return.</u>

EMPLOYER NAME AND ADDRESS

FID# _____
Account # _____
Email _____
Phone _____

I hereby certify that the information and statements contained herein are true and correct.

Signed By _____
Date _____
Print Name _____
Official Title _____

Owner, Partner, Member, President, Treasurer

GENERAL INFORMATION

On or before January 31 of each year, each employer must file a withholding reconciliation on the City of Tiffin Form MW3-M. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to Tiffin tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before January 31 of each year. All 1099's or earnings statements shall require the same type of information as is required on the W-2 forms as stated above.

SPECIFIC FILING INFORMATION

The front of the Form MW3-M must show a breakdown of all withholding payments made monthly in the boxes provided. Lines 1-7 must be completed. The total tax paid should be equal to 1.75% of Line 5. The completed MW3-M form and all attachments must be submitted to the City of Tiffin Income Tax Department, P.O. Box 518, Tiffin, OH 44883 on or before January 31 of each year. Any questions in completing the Form MW3-M should be referred to the Income Tax Department at (419) 448-5405.