

**VILLAGE OF FAYETTE
EMPLOYER'S RECONCILIATION OF TAX WITHHELD**

1. Number of W-2 & Tax Statements Attached-----1_____
2. Total Fayette Income Tax withheld from earnings as
Reported on attached-----2_____
3. Adjusted total of Fayette Income Tax withheld as reported and paid for quarters ended:

Mar. 31_____	Sept 30_____	
June 30_____	Dec 31_____	3_____
4. If total line#3 is less than line#2, enter difference and sent remittance 4_____
5. If total line#3 is greater than line#2, enter the difference-----5_____

Refund_____	Credit Future Payment_____
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I certify that the information and statements contained herein are true and correct.

Signature	Title	Date
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Company Name and Address

For the Year

Mail To:
Village of Fayette
Income Tax Dept.
POB 87
Fayette, OH 43521-0087
419-237-2473

