

RECONCILIATION OF RETURNS

Of Income Tax Withheld with Forms W-2 Submitted

Lakeview Department of Taxation
PO Box 197
Lakeview, Ohio 43331

Phone (937)-843-3140
Fax (937) 843-6009

For Reconciliation Purposes Only.

For Pay Period From _____ To _____

1. Total number of Employees as represented
by forms, W-2 submitted herewith _____

2. Total Income Tax Withheld from Compensation paid to
All Employees. \$ _____

FEIN # _____

3. Total Income Tax Withheld from Compensation by item
4 of Form DW-1 for the Period:

FIRST QUARTER \$ _____

SECOND QUARTER \$ _____

THIRD QUARTER \$ _____

FOURTH QUARTER \$ _____

4. TOTAL \$ _____

Items 2 and 4 should be identical, explain fully any discrepancy.