STATE DEPARTMENT OF REVENUE

Annual Reconciliation of State Income Tax Withholding

FORM	W-3
TAX YEAR	

1. EMPLOYER IDENTIFICATION AND INFORMATION

STATE EMPLOYER ACCOUNT NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

LEGAL BUSINESS NAME

TRADE NAME / DBA (IF APPLICABLE)

STREET ADDRESS

CITY, STATE, ZIP CODE

2. SUMMARY OF W-2 AND 1099 STATEMENTS

Description	Number of Statements	Total State Wages / Payments
Form W-2 (Wage and Tax Statement)		$
Form 1099 (with State Withholding)		$

3. RECONCILIATION OF TAXES PAID AND WITHHELD

Line	Quarterly / Monthly Breakdown	Total State Income Tax Withheld	Total Deposits / Paid to State
1	1st Quarter (Jan, Feb, Mar) / Period Totals	$	$
2	2nd Quarter (Apr, May, Jun) / Period Totals	$	$
3	3rd Quarter (Jul, Aug, Sep) / Period Totals	$	$
4	4th Quarter (Oct, Nov, Dec) / Period Totals	$	$
5	**TOTALS (Add lines 1 through 4)**	**$**	**$**
6	Total State Withholding Tax Reported on W-2s / 1099s		$
7	Tax Due (If line 6 is greater than total deposits on line 5, enter difference)		$
8	Overpayment (If total deposits on line 5 is greater than line 6, enter difference)		$

4. DECLARATION AND SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

AUTHORIZED SIGNATURE

TITLE

DATE

CONTACT NAME (PRINT)

TELEPHONE NUMBER

EMAIL ADDRESS