YEAR-END TAX RECONCILIATION RETURN

Tax Year: 20____

PART I: EMPLOYER / FILER INFORMATION

EMPLOYER/COMPANY NAME

EMPLOYER IDENTIFICATION NUMBER (EIN)

TRADE NAME (IF DIFFERENT FROM ABOVE)

ADDRESS

CITY, STATE, ZIP CODE

CONTACT TELEPHONE NUMBER

PART II: SUMMARY OF EMPLOYEES & COMPENSATION

TOTAL NUMBER OF EMPLOYEES

TOTAL ALLOCATED W-2S ISSUED

TOTAL ANNUAL PAYROLL

PART III: TAX RECONCILIATION & LIABILITIES

TAX CATEGORY	TOTAL TAX WITHHELD	TOTAL TAX DEPOSITED	DIFFERENCE (OWED / OVERPAID)
1. Federal Income Tax			
2. Social Security Tax (Employee Share)			
3. Social Security Tax (Employer Share)			
4. Medicare Tax (Employee Share)			
5. Medicare Tax (Employer Share)			
6. State Income Tax (If applicable)			
7. Local / City Tax (If applicable)			
TOTALS			

PART IV: DECLARATION & CERTIFICATION

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

AUTHORIZED SIGNATURE OF EMPLOYER / OFFICER

DATE

PAID PREPARER'S SIGNATURE (IF APPLICABLE)

DATE