STATE OF
DEPARTMENT OF
REVENUE

ANNUAL STATE WITHHOLDING TAX RETURN

Annual Reconciliation of State Income Tax Withheld

TAX YEAR

1. EMPLOYER IDENTIFICATION AND INFORMATION

BUSINESS NAME

STATE TAX IDENTIFICATION NUMBER

TRADE NAME / DBA (IF DIFFERENT)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

MAILING ADDRESS

CITY, STATE, ZIP CODE

CONTACT TELEPHONE NUMBER

2. TAX SUMMARY AND RECONCILIATION

Line	Tax Period Summary	Amount
1	First Quarter State Income Tax Withheld	
2	Second Quarter State Income Tax Withheld	
3	Third Quarter State Income Tax Withheld	
4	Fourth Quarter State Income Tax Withheld	
5	**Total Tax Withheld** (Add lines 1 through 4)	
6	Total Taxes Remitted/Paid for the Calendar Year	
7	**Tax Due** (If line 5 is greater than line 6, subtract line 6 from line 5)	
8	**Overpayment** (If line 6 is greater than line 5, subtract line 5 from line 6)	

3. SIGNATURE AND DECLARATION

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

PREPARED BY (IF OTHER THAN TAXPAYER)

PREPARER PHONE NUMBER

PTIN / PREP ID