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| FORM L-W3 | ANNUAL LOCAL INCOME TAX WITHHOLDING RETURN | TAX YEAR |
|--------------------------------|---|-----------------|

1. EMPLOYER IDENTIFICATION AND CONTACT INFORMATION

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|--|--|
| EMPLOYER NAME | |
| ADDRESS (NUMBER, STREET, APT/SUITE) | |
| CITY, STATE, & ZIP CODE | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) |
| LOCAL TAX ACCOUNT NUMBER | MUNICIPALITY / SCHOOL DISTRICT NAME |

2. RECONCILIATION OF LOCAL INCOME TAX WITHHELD

| Reporting Period | Total Subject Wages | Local Tax Withheld |
|---|---------------------|--------------------|
| 1st Quarter (Ending March 31) | | |
| 2nd Quarter (Ending June 30) | | |
| 3rd Quarter (Ending September 30) | | |
| 4th Quarter (Ending December 31) | | |
| 1. Total Cumulative Amount (Add Lines 1 through 4) | | |
| 2. Total Local Tax Remitted on Monthly/Quarterly Returns | | |
| 3. Difference (Line 1 Tax Minus Line 2) | | |

3. UNDERPAYMENT / OVERPAYMENT EXPLANATION

| | |
|--|--|
| AMOUNT DUE (IF LINE 1 IS GREATER THAN LINE 2) | OVERPAYMENT AMOUNT (IF LINE 2 IS GREATER THAN LINE 1) |
| OVERPAYMENT DISPOSITION (CHECK ONE) | |
| <input type="checkbox"/> Refund <input type="checkbox"/> Credit to Next Year | |
| TOTAL NUMBER OF W-2 FORMS SUBMITTED WITH THIS RETURN | |

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.

EMPLOYER AUTHORIZED SIGNATURE

TITLE

DATE