

**EMPLOYER'S RECONCILIATION OF TAX WITHHELD**  
**VILLAGE OF CROOKSVILLE INCOME TAX DEPARTMENT**  
**98 SOUTH BUCKEYE STREET, CROOKSVILLE, OH 43731 740-982-6973, X 1109**

- |  |          |   |
|--|----------|---|
| 1. Total number of employees           | _____    | Crooksville Income Tax Withheld for Tax Year 2011:    |
| 2. Total payroll for Tax Year 2011     | \$ _____ | First Quarter ending March 31 \$ _____                |
| 3. Less payroll not subject to tax     | \$ _____ | Second Quarter ending June 30 \$ _____                |
| <b>Attach explanation</b>              |          | Third Quarter ending September 30 \$ _____            |
| 4. Payroll subject to tax              | \$ _____ | Fourth Quarter ending December 31 \$ _____            |
| 5. <b>Withholding tax liability at</b> |          | <b>6. Total remitted for the year</b> \$ _____        |
| <b>1.5% (.015) of line 4</b>           | \$ _____ | <b>7. Difference between Lines 5 &amp; 6</b> \$ _____ |

Federal I.D. Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**ATTACH W-2'S AND SUBMIT BY JANUARY 31, 2012**

If Line 7 indicates a balance due, the amount thereof should accompany this return.  
If Line 7 indicates an overpayment, a written refund request containing explanation must be attached to this form. Refunds or credits will not be issued without the written request. (No Refund/Credit under \$1.00)

Submitted by: \_\_\_\_\_

Official Title: \_\_\_\_\_

Date: \_\_\_\_\_