

EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD
 INSTRUCTIONS FOR EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

- Check identification information below. If incorrect, make corrections and file Notice of Change or Discontinuance.
- Enter withholding tax payment information in the Summary of Withholding Tax Paid section
- Enter the total withholding tax paid in Box 2.
- Enter the number of W-2 forms attached in Box 6.
- Enter the amount of tax withheld per the W-2 forms attached in Box 1.
- If the withholding tax paid (Box 2) is less than the tax withheld per the W-2 forms (Box 1), enter the balance due in Box 3. The balance due must be paid in full with this return. Make remittance payable to: WALKER CITY TREASURER
- If the withholding tax paid (Box 2) is greater than the tax withheld per the W-2 forms (Box 1), enter the overpayment in Box 4. To receive a refund of any overpayment, submit a letter explaining the overpayment and requesting a refund.
- If the withholding tax paid (Box 2) equals the tax withheld per the W-2 forms (Box 1), enter a zero (0) in Boxes 3 and 4.
- Sign the return. Enter the date signed.
- Attach the required copies of the W-2 forms and payment for any balance due to the completed WW-3 form and mail to: WALKER INCOME TAX DEPARTMENT, P.O. BOX 153, GRAND RAPIDS, MI 49501-0153.

DETACH HERE--RETURN BOTH PARTS

Summary of Tax Paid

JANUARY	\$
FEBRUARY	\$
MARCH	\$

QUARTER ENDED MARCH 31 \$ _____

JULY	\$
AUGUST	\$
SEPTEMBER	\$

QUARTER ENDED SEPTEMBER 30 \$ _____

APRIL	\$
MAY	\$
JUNE	\$

QUARTER ENDED JUNE 30 \$ _____

OCTOBER	\$
NOVEMBER	\$
DECEMBER	\$

QUARTER ENDED DECEMBER 31 \$ _____

List payments made with Forms W-941 and W-501 Employer's Returns.

TOTAL PAID \$ _____

CITY OF WALKER ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

WW-3

1. Tax withheld as shown on attached W-2's	\$
2. TAX PAID - Total from summary above	\$
3. BALANCE DUE - Pay in full with this return	\$
4. OVER PAYMENT - Attach explanation	\$
5. Federal I.D. Number Due On or Before February 28, 2011	6. Number of W-2's Transmitted
NAME AND ADDRESS	7. <input type="checkbox"/> Check here if final return
	Return with W-2 Forms to: WALKER INCOME TAX DEPARTMENT P.O. BOX 153 GRAND RAPIDS, MI 49501-0153

SIGNATURE

TITLE

DATE