

**Tax Year** \_\_\_\_\_  
**Form BW-3**  
**EMPLOYER'S**  
**WITHHOLDING**  
**RECONCILIATION**

**CITY OF BRYAN**  
 PO Box 190  
 BRYAN OH 43506

Voice 419-633-6027 Fax 419-633-6025



**Due Date** \_\_\_\_\_

Name  
 And  
 Address

Federal ID Number	_____
Name of Person	_____
Completing Form	_____
Local Phone Number	_____
Number of Employees Listed	_____

**EMPLOYEES W2'S MUST ACCOMPANY THIS FORM**

**INSTRUCTIONS**

1. Attach check payable to BRYAN CITY INCOME TAX, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

<b>Period</b>	<b>(1) Gross Payroll</b>	<b>(2) Payroll Not Subject to Tax</b>	<b>(3) Payroll Subject to Tax</b>	<b>(4) Tax Due</b>	<b>(5) Tax Paid Per Your Records</b>
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March / Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June / Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September / Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December / Qtr-4	_____	_____	_____	_____	_____
Totals	=====	=====	=====	=====	=====

**TOTAL REMMITANCE MADE** \_\_\_\_\_

**DIFFERENCE** \_\_\_\_\_

**Employer – Explain any differences:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_