



Columbia Township
Joint Economic Development Zone
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www.columbiatwp.org

www.fairfaxoh.org

W2-R ANNUAL RECONCILIATION

Earned Earnings Tax Withheld from Wages

As reported on Employer's Quarterly Return (Form W-1); with income tax withheld as shown on Withholding Statements (W-2)
You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

Year 20 _____ **Due by the Last Day of February**

EMPLOYER BUSINESS NAME (Use Federal ID Name)																									
EMPLOYER BUSINESS STREET ADDRESS (No PO Box, RD or RR)																									
SECOND LINE OF ADDRESS																									
CITY OR POST OFFICE				STATE	ZIP CODE																				
CORPORATE LOCATION OF BUSINESS																									
EMPLOYER STATE ID NUMBER			FEDERAL IDENTIFICATION NUMBER																						
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1. Total number of withholding statements (W-2s) accompanying this report																									
2. Total earnings tax withheld from all JEDZ wages during the year as shown on (W-2s)..... (A)					\$																				
Gross Payroll	Payroll Not Subject To Tax	Payroll Subject To Tax	Tax Due	EARNED INCOME TAX	TAX PAID																				
				Quarter ended March 31	\$																				
				Quarter ended June 30	\$																				
				Quarter ended September 30	\$																				
				Quarter ended December 31	\$																				
3. Total quarterly payroll subject to tax \$					X 1% =																				
					(B) \$																				
Balance due () or Refund due ()					\$																				
4. Any difference between A and B must be explained in attached statement. Where A and B do not agree, please remit or request refund.																									

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)	
TITLE	
PRIMARY CONTACT PHONE NUMBER	PRIMARY CONTACT EMAIL ADDRESS
SIGNATURE OF PRIMARY CONTACT INDIVIDUAL	DATE (MMDDIYYYY)

Instructions for W2-R Annual Reconciliation Form

1. Include municipal location of business in OH, assigned Employer ID number and Federal ID number. Include employer's full business name and street address.
2. On or before the last day of February following the close of the calendar year, return the reconciliation form to appropriate Tax Officer. This form must be accompanied by JEDZ INCOME TAX copy of the Form W-2 for each employee from whom income tax has been withheld during tax year.
3. The total of all income tax withheld as reflected on W-2s should be entered on line 2. Total earned income tax as reported on a quarterly basis should be entered on line 3.
4. Please remit any additional monies owed when filing the reconciliation. Attach statement of explanation and include the employee name, SSN, street address, and amount being paid with the reconciliation.