

CITY OF GREENVILLE
ANNUAL RECONCILIATION FORM WH-R
 SUBMIT BY FEBRUARY 28. W-2 FORMS OR LIST MUST BE ATTACHED

MAIL TO: CITY OF GREENVILLE
 DEPARTMENT OF TAXATION
 100 PUBLIC SQUARE
 GREENVILLE OH 45331-1499
 PHONE: 937-548-5747

FOR TAX YEAR _____

FINAL COURTESY AMENDED

NAME: _____

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1 ST QUARTER	3 RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2 ND QUARTER	4 TH QUARTER

SUMMARY MUST BE COMPLETED	
1. NUMBER OF EMPLOYEES	_____
2. WAGES SUBJECT TO GREENVILLE TAX	\$ _____
3. GREENVILLE TAX WITHHELD	\$ _____
4. GREENVILLE TAX REMITTED	\$ _____
5. BALANCE DUE OR REFUND	\$ _____

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Fed. ID No. _____ Date _____

Phone # _____