

WITHHOLDING TAX RECONCILIATION FOR EMPLOYER'S QUARTERLY RETURNS

MAKE CHECK OR MONEY ORDER TO:

CITY OF BEDFORD TAX DEPARTMENT
 165 CENTER ROAD
 BEDFORD, OHIO 44146
 (888) 232-1600 or (440) 735-6505

SEE INSTRUCTIONS BELOW BEFORE
 COMPLETING THIS FORM

TAX YEAR 20

- 1. TOTAL NUMBER OF EMPLOYEES REPRESENTED BY STATEMENTS
 HEREWITH
- 2. TOTAL PAYROLL FOR THE YEAR \$
- 3. LESS PAYROLL NOT SUBJECT TO TAX \$

- 4. PAYROLL SUBJECT TO TAX (Line 2 minus Line 3) \$
 - 5. WITHHOLDING TAX LIABILITY of Line 4 \$
 - 6. TOTAL BEDFORD INCOME TAX REMITTED:
 QUARTER ENDING MARCH 31 \$
 - QUARTER ENDING JUNE 30 \$
 - QUARTER ENDING SEPT. 30 \$
 - QUARTER ENDING DEC. 31 \$
 - TOTAL REMITTED \$
 - 7. DIFFERENCE BETWEEN LINES (5 & 6)
 OR TAX DUE \$
- CONTACT _____ PHONE # (_____) _____ - _____

FEDERAL I.D. NO.

ORIGINAL - RETURN THIS COPY WITH PAYMENT

www.bedfordoh.gov

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DUPLICATE - RETAIN FOR YOUR RECORDS

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CREDIT CARD AND ELECTRONIC PAYMENTS CAN BE MADE ON-LINE AT <http://www.bedfordoh.gov/Finance/taxPayment.asp>

INSTRUCTIONS

The original of this reconciliation form must be filed with the City of Bedford Income Tax Department by January 31 of the subsequent year. This form must be accompanied by copies of employee's wage statements (W-2s) showing: (1) name and address of employee (The employee's residence address should show the correct political subdivision - NOT CLEVELAND AND A ZIP CODE NUMBER); (2) Social Security Number; (3) Gross Earnings PAID BEFORE ANY PAYROLL DEDUCTIONS; (4) Amount of Bedford and any other city income tax withheld, name, address and Federal Identification Number of the employer.

Any difference posted on Line 7 MUST BE FULLY EXPLAINED IN AN ATTACHED STATEMENT.

If Line 7 indicates a balance due, the amount should accompany this return; make checks payable to City of Bedford, 165 Center Road, Bedford, Ohio 44146.

The format for filing W-2's Electronically is available online at www.bedfordoh.gov/finance/taxforms.asp

DETAILS OF PAYROLL COMPANY WITHHOLDING; All Professional Employer Organizations or Common Pay Master (those organizations that collect withholding for more than one entity) must provide a breakdown, in detail, of all withholding for each entity.

PLEASE INCLUDE A CONTACT NAME AND PHONE NUMBER.