

Tax Year 2025

FORM W3 1542
EMPLOYER'S
WITHHOLDING
RECONCILIATION

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET
PO BOX 459
FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

DUE DATE

Name

And

Address

FEDERAL ID NUMBER _____

NAME OF PERSON
COMPLETING FORM _____

LOCAL PHONE NUMBER _____

NUMBER OF EMPLOYEES LISTED _____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to VILLAGE OF FORT RECOVERY, 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

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

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____