

# CITY OF AMHERST, OHIO

## RECONCILIATION OF AMHERST INCOME TAX WITHHELD FROM WAGES

1. Total number of employees as shown by attached wage statements \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Company Name and Address:

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

2. Wages earned for **work performed** in Amherst \$ \_\_\_\_\_  
Tax withheld at 1.5% \$ \_\_\_\_\_  
Wages withheld on for **residents** of Amherst \$ \_\_\_\_\_  
Tax withheld at 1.5% \$ \_\_\_\_\_  
Tax withheld at .5% \$ \_\_\_\_\_

3. **Total tax withheld per W-2's attached** \$ \_\_\_\_\_

You may notify our office of zero withholding by emailing us at [incometax@amherstohio.org](mailto:incometax@amherstohio.org). Please use the subject line "zero withholding" and include the company name, FID number, and quarter you are reporting.

This reconciliation must be filed with the City of Amherst Income Tax Department on or before January 31st unless written request for an extension has been made and granted (in writing) by the Tax Administrator.

**This form must be accompanied by copies of the employer's statements (Form W-2) or a printout showing the following information:**

1. Name and address of employee
2. Social Security number
3. Gross earnings before any payroll deductions
4. Amount of Amherst income tax withheld
5. Name, address and Federal ID number of employer.

\*If the difference indicates an overpayment, please attach an explanation. (Amounts under \$3.00 will not be refunded)

4. AMHERST - WITHHOLDING TAX PAID DURING YEAR ON FORM W-1

JANUARY	\$ _____
FEBRUARY	\$ _____
MARCH	\$ _____
(OR) QUARTER ENDED MARCH 31	\$ _____
APRIL	\$ _____
MAY	\$ _____
JUNE	\$ _____
(OR) QUARTER ENDED JUNE 30	\$ _____
JULY	\$ _____
AUGUST	\$ _____
SEPTEMBER	\$ _____
(OR) QUARTER ENDED SEPTEMBER 30	\$ _____
OCTOBER	\$ _____
NOVEMBER	\$ _____
DECEMBER	\$ _____
(OR) QUARTER ENDED DECEMBER 31	\$ _____

5. **TOTAL REMITTED FOR YEAR** \$ \_\_\_\_\_

6. A. \*OVERPAYMENT \$ \_\_\_\_\_  
PLEASE INDICATE: REFUND \_\_\_\_\_ CREDIT TO NEXT YEAR \_\_\_\_\_  
B. ADDITIONAL TAX DUE \$ \_\_\_\_\_

File with:  
**CITY OF AMHERST INCOME TAX DEPARTMENT**  
**480 PARK AVENUE**  
**AMHERST, OH 44001**  
**PHONE (440) 988-4212 FAX (440) 988-3749**  
email address: [incometax@amherstohio.org](mailto:incometax@amherstohio.org)  
website: [www.amherstohio.org](http://www.amherstohio.org)

**If the difference between Lines 3 and 5 indicates a balance due, that amount must accompany this return. (Please DO NOT remit amounts under \$3.00)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reconciled  
\_\_\_\_\_