

## GENERAL INFORMATION

On or before February 28th of each year, every employer must file a withholding Reconciliation of Returns. (This filing will include wages reported and tax paid in the prior calendar year on employee withholding for the City of Trotwood.) Copies of all W-2's forms applicable to the Reconciliation must be attached. All W-2's must furnish the employee's name, address, social security number, qualifying wage compensation, and Trotwood tax withheld. If more than one city tax was withheld, then the W-2's must show a breakdown of each city that tax was withheld for, the wages earned in each city, and the amount of city tax withheld for each city.

In addition, any individual or business entity compensating persons on a commission or contract labor basis must furnish copies of the form 1099 or appropriate income statements issued by February 28th of each year. **All 1099's or income statements shall require the same type of information as is required of the W-2 forms as stated above.**

## RECONCILIATION FORM INSTRUCTIONS

**All Reconciliation of Returns plus attachments must be mailed to 4 Strader Drive, Trotwood OH 45426-3395.** In the appropriate boxes, enter the amounts of tax withheld for each period, the number of employees (Box A), the total compensation subject to City of Trotwood Municipal Income Tax (Box B), the tax due on said compensation at 2.75% (Box C), the amount of tax withheld (Box D), the amount paid (Box E), and any difference (Box F). If there is a shortage, this balance due must be remitted immediately. Any withholding shortage or missed payment will be subject to penalty and interest assessments. If there is an overpayment, you must file an amended return for the period affected, indicate either credit or refund on the amended return, and attach an explanation. An overpayment of tax from an individual employee's wages will only be refunded directly to the employee. Overpayments will not be refunded without the filing of an amended return, or if there is any outstanding balance due on the account. **Be sure to attach copies of all W-2 forms.**



**FORM W-3  
2025 WITHHOLDING TAX RECONCILIATION  
CITY OF TROTWOOD**



Account Number / FEIN: \_\_\_\_\_

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- A. Total number of W-2(s) attached ..... \_\_\_\_\_
- B. Total gross compensation ..... \_\_\_\_\_
- C. Withholding Tax Liability (2.75%) ..... \_\_\_\_\_
- D. Total Tax Remitted ..... \_\_\_\_\_
- E./F. Balance Due or (Overpayment) ..... \_\_\_\_\_

Total amount remitted to Trotwood per W-2's ..... \$ \_\_\_\_\_

January		April		July		October	
February		May		August		November	
March		June		September		December	
<b>1st Quarter</b>		<b>2nd Quarter</b>		<b>3rd Quarter</b>		<b>4th Quarter</b>	

**Due Date of this form with W-2's and 1099 Misc./NEC is FEBRUARY 28th**

**1099 Misc Earnings Report**

Number of Trotwood Form's 1099 Misc./NEC Issued ..... # \_\_\_\_\_

Trotwood Form's 1099 Misc./NEC Earnings Reported ..... \$ \_\_\_\_\_

**Courtesy Withholding:**

Your business performs no work in the City of Trotwood and you are withholding Trotwood tax as a courtesy to your employees who reside in Trotwood.

**Change of Status**

Out of Business      Date: \_\_\_\_\_

Merged                      Date: \_\_\_\_\_

\_\_\_\_\_  
Responsible Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Officer Name (Please Print)