

**CITY OF MOUNT VERNON  
ANNUAL RECONCILIATION FORM WH-R**

**SUBMIT BY FEBRUARY 28. W-2'S OR LIST MUST BE ATTACHED.**

**MAIL TO: CITY OF MOUNT VERNON  
DIVISION OF INCOME TAX  
3 NORTH GAY STREET, SUITE A  
MOUNT VERNON, OHIO 43050-3213**

**PHONE: (740) 393-9524**

**FOR TAX YEAR ENDING \_\_\_\_\_**

**PAYMENT ENCLOSED (if there is a balance due)**

NAME: \_\_\_\_\_

FIN: \_\_\_\_\_

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

<b>SUMMARY MUST BE COMPLETED</b>	
1. NUMBER OF EMPLOYEES:	_____
2. WAGES SUBJECT TO MOUNT VERNON TAX:	\$ _____
3. MOUNT VERNON TAX WITHHELD	\$ _____
4. MOUNT VERNON TAX REMITTED	\$ _____
5. BALANCE DUE OR REFUND	\$ _____

OFFICE USE ONLY

W-2'S CKD: \_\_\_\_\_

DATE: \_\_\_\_\_

R: \$ \_\_\_\_\_

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

Signed \_\_\_\_\_ Title \_\_\_\_\_

Federal ID no. \_\_\_\_\_ Date \_\_\_\_\_

Phone no. \_\_\_\_\_