

## GENERAL INFORMATION

On or before the last day of February of each year, each employer must file a withholding reconciliation using the City of Mount Vernon Form WH-R. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, qualifying wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to Mount Vernon tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual, association, or business entity that is required under the Internal Revenue Code to issue form 1099-MISC to any person shall on or before the last day of February of each year, file copies of said 1099's to the Income Tax Department. If 1099 copies are not available, a listing with the same information as contained on form 1099 can be submitted.

## SPECIFIC FILING INFORMATION

The front of the Form WH-R must show a breakdown of all withholding payments made either quarterly, monthly or semi-monthly in the boxes provided. Numbers 1, 2, 3, 4 and 5 must be completed. The total tax paid should be equal to 2.0% of the summary, line 2. The completed Form WH-R and all attachments must be submitted to the Division of Income Tax, City of Mount Vernon, 3 North Gay St., Suite A, Mount Vernon, OH 43050-3213 on or before February 28 of each year. Any questions regarding the Form WH-R should be referred to the Division of Income Tax at (740) 393-9524.

**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. \_\_\_\_\_