

GENERAL INFORMATION

On or before the last day of February of each year, each employer must file a withholding reconciliation using the City of Greenville 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 Greenville 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 may be submitted.

SPECIFIC FILING INFORMATION

The front of the Form WH-R must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Numbers 1, 2, 3, 4 and 5 must be completed. The total tax paid should be equal to 1.5% of the summary, line 2. The completed Form WH-R and all attachments must be submitted to the Department of Taxation, City of Greenville, 100 Public Square, Greenville, OH 45331-1499 on or before February 28 of each year. Any questions regarding the Form WH-R should be referred to the Department of Taxation at (937) 548-5747.

CITY OF GREENVILLE
ANNUAL RECONCILIATION FORM WH-R
 SUBMIT BY FEBRUARY 28. W-2'S OR LIST
 MUST BE ATTACHED.

MAIL TO: CITY OF GREENVILLE
DEPARTMENT OF TAXATION
100 PUBLIC SQUARE
GREENVILLE, OH 45331-1499
PHONE: (937) 548-5747

FOR TAX YEAR _____

FINAL **COURTESY** **AMENDED**

ACCOUNT NO. _____

NAME AND ADDRESS: _____

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

SUMMARY MUST BE COMPLETED	
1. NUMBER OF EMPLOYEES:.....	_____
2. WAGES SUBJECT TO GREENVILLE TAX:..... \$	_____
3. GREENVILLE TAX WITHHELD..... \$	_____
4. GREENVILLE TAX REMITTED..... \$	_____
5. BALANCE DUE OR REFUND..... \$	_____

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

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____