

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 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 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 MUST BE ATTACHED.**

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

FOR TAX YEAR ENDING: _____

PAYMENT ENCLOSED (if there is a balance due)

REFUND REQUESTED (if there is an overpayment)

NAME:

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

SUMMARY MUST BE COMPLETED	
1. NUMBER OF W-2'S ATTACHED:	# _____
2. WAGES SUBJECT TO GREENVILLE TAX:	\$ _____
3. GREENVILLE TAX WITHHELD	\$ _____
4. GREENVILLE 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 _____

Fed. ID No. _____ Date: _____

Phone No. (_____) _____