

INSTRUCTIONS FOR FILING RECONCILIATION OF RETURNS FOR TAX YEAR 2022

GENERAL INFORMATION

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

RECONCILIATION FORM INSTRUCTIONS

All Reconciliations of Returns plus attachments must be mailed to City of Fairfield, Division of Taxation, 701 Wessel Dr., Fairfield, OH 45014.

In the appropriate boxes, enter the amounts of tax withheld for each period, the number of employees (Box A), the total compensation subject of City of Fairfield Income Tax (Box B), the tax due on said compensation at 1.5% (Box C), the amount of tax withheld (Box D), the amount paid (Box E), and any difference (Box F). If there is a shortage greater than \$10.00, this balance due must be remitted immediately. Any withholding shortage or missed payment will be subject to penalty and interest charges. If there is an overpayment greater than \$10.00, you must attach an explanation. An overpayment of tax from an individual employee's wages will only be refunded directly to the employee. Overpayments of less than \$10.00 will not be refunded. **Be sure to attach copies of all W-2 forms.**

Account # _____

FEIN _____

2022 City of Fairfield

ANNUAL RECONCILIATION OF RETURNS

Business Name

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

Mailing Address

SUBMIT BY FEB 28, 2023. W-2'S MUST BE ATTACHED.

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

Printed Name of Responsible Party

Signature of Responsible Party

Date _____

Phone _____

E-mail: _____

MAIL TO: **City of Fairfield**

**Division of Taxation
701 Wessel Dr.
Fairfield, OH 45014**

Box A	Number of employees:
Box B	Total Gross Compensation:
Box C	Tax Due at 1.5%:
Box D	Tax Withheld :
Box E	Tax Paid:
Box F	Balance Due or (Overpayment):