



CITY OF WYOMING ~ TAX DEPARTMENT
EMPLOYER'S RECONCILIATION TAX RETURN
use this form for 2014 and prior

TAX YEAR: _____
FID#: _____
ACCOUNT NO: _____
NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
CONTACT PERSON: _____ PHONE NUMBER: _____

Total wages subject to the City Income Tax @ .8%: \$ _____
FIRST QUARTER PAID: April 30: \$ _____
SECOND QUARTER PAID: July 31: \$ _____
THIRD QUARTER PAID: October 31: \$ _____
FOURTH QUARTER PAID: January 31: \$ _____
TOTAL PAID FOR THE YEAR: \$ _____

EMPLOYEE W2's MUST ACCOMPANY THIS FORM

Please mail this completed form to:

City of Wyoming
800 Oak Avenue
Wyoming, OH 45215
Phone: 513-821-9731 ~ Fax: 513-821-7962

Signature

Date

Please note: This form is for City of Wyoming Income Tax only and is not to be used for Wyoming School Tax. The City of Wyoming does not collect or levy the City School taxes. For information, call the State of Ohio Department of Taxation at 1.800.282.1780 or call the Wyoming School Board office at 513.206.7000. The school tax is separate from the City of Wyoming income tax.