

FORM MW3-M

CITY OF TIFFIN INCOME TAX DEPARTMENT

P.O. BOX 518, TIFFIN, OH 44883

PHONE (419) 448-5405 www.tiffinohio.gov

RECONCILIATION OF MONTHLY TAX WITHHELD

FOR TAX YEAR _____

MUST BE RETURNED WITH W-2'S BY JANUARY 31

1. Number of W-2's attached	8. January...\$_____	14. July.....\$_____	Non-resident Employers
2. Number of employees working in Tiffin at year end.....	9. February...\$_____	15. August.....\$_____	Do you withhold tax as a courtesy or because the employee(s) work(s) in the City of Tiffin?
3. Total payroll for the year.....\$_____	10. March.....\$_____	16. September...\$_____	___ Courtesy
4. Less payroll not subject to tax.....\$_____	11. April.....\$_____	17. October.....\$_____	___ Works in Tiffin
Attach explanation	12. May.....\$_____	18. November...\$_____	
5. Payroll subject to tax.....\$_____	13. June.....\$_____	19. December...\$_____	
6. Withholding tax liability at 1.75% of Line 5.....\$_____	20. Total remitted for year.....\$_____	*Refunds are NOT automatically issued.	
7. Total Tiffin tax withheld per W-2's.....\$_____	Add Lines 8 through 19	If refund of overpayment if requested please attach explanation. If additional tax is due, enclose payment with return.	
	21. Amount due or overpaid.....\$_____	Difference between Lines 6 and 20	

EMPLOYER NAME AND ADDRESS

FID# _____
 Account # _____
 Email _____
 Phone _____

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

Signed By _____
 Date _____
 Print Name _____
 Official Title _____

Owner, Partner, Member, President, Treasurer

GENERAL INFORMATION

On or before January 31 of each year, each employer must file a withholding reconciliation on the City of Tiffin Form MW3-M. 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, gross 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 Tiffin tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before January 31 of each year. All 1099's or earnings statements shall require the same type of information as is required on the W-2 forms as stated above.

SPECIFIC FILING INFORMATION

The front of the Form MW3-M must show a breakdown of all withholding payments made monthly in the boxes provided. Lines 1-7 must be completed. The total tax paid should be equal to 1.75% of Line 5. The completed MW3-M form and all attachments must be submitted to the City of Tiffin Income Tax Department, P.O. Box 518, Tiffin, OH 44883 on or before January 31 of each year. Any questions in completing the Form MW3-M should be referred to the Income Tax Department at (419) 448-5405.