

**CITY OF NORTH CANTON
ANNUAL PAYROLL RECONCILIATION**

City of North Canton Income Tax Department
145 N. Main St.
North Canton, Ohio 44720

Phone: 330-499-3467
Fax: 330-499-2960
www.northcantonohio.com

Account Number :

ALL W-2'S, 1099'S AND AN ADDING MACHINE TAPE, COMPUTER PRINTOUT OR SOME OTHER TYPE OF LISTING SHOWING THE AMOUNT OF CITY TAX WITHHELD MUST BE ATTACHED.
Enter # of W-2's Attached _____ Enter # of 1099's Attached _____

1) ACCOUNT INFORMATION

TYPE OF ACCOUNT:	FEDERAL ID# _____
<input type="checkbox"/> Resident Employer Withholding North Canton Tax	CONTACT NAME _____
<input type="checkbox"/> Non-Resident Employer Doing Business in North Canton	PHONE # _____
<input type="checkbox"/> Courtesy Withholding Account	EMAIL _____

2) RECONCILIATION OF QUALIFYING WAGES

Medicare Taxable Wages (From Box 5 of Forms W-2) _____

Add: Ordinary income from the exercise of stock options excluded from Medicare wages _____

Add: Supplemental unemployment compensation ("sub-pay") excluded from Medicare wages _____

Less: Wages earned by employees under age 18 _____

Less: Wages not subject to North Canton Tax (Explain) _____

North Canton Taxable Wages _____

3) RECONCILIATION OF TAX WITHHELD

North Canton Taxable Wages Subject to Tax at 1.5% (From Part 2) _____ X 1.5% _____

North Canton Wages Subject to Tax at Less than 1.5% (Explain) _____ X _____ % _____

Total North Canton Tax Due _____

Total North Canton Tax Withheld _____

4) RECONCILIATION OF DEPOSITS (MONTHLY OR QUARTERLY)

January _____	May _____	September _____
February _____	June _____	October _____
March _____	July _____	November _____
April _____	August _____	December _____

Total North Canton Income Tax Paid _____

Greater of Tax Due or Withheld (From Part 3) _____

Balance Due/Overpayment _____

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct and complete.

Signature _____ Title _____ Date _____

City of North Canton Income Tax

145 North Main St.

North Canton, Ohio 44720

Return of Income Tax Withheld

For Period From: _____ To: _____

Tax Rate:(If other than 1.5%): _____ Due: _____

Account #:

Federal ID:

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to North Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Penalty & Interest - 3% / month	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly.

Signature _____

Date _____

Title _____

Phone _____

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