

GENERAL INFORMATION

On or before February 28, each employer must file a withholding reconciliation on the City of Lancaster Form W3. 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 provided to the Individual.

Any individual(s) or business entity compensating individuals on a commission, rental or contract labor basis must furnish copies of the 1099-MISC or appropriate earning statement on or before February 28. All 1099-MISC shall require the same information as required of the W-2 forms as stated above. Notification of 1099's issued can be found on a separate form 1099-N. If none, check the appropriate box and return by February 28. If you are not the person responsible for issuing 1099-MISC, then please direct the Form 1099-N to the appropriate person.

SPECIFIC FILING INFORMATION

The Form W3 provides boxes for showing actual withholding payments made during the year. These are optional and may assist with the actual year-end W-2 information. However, sections 1 through 7 must be completed. The completed Form W3 and all attachments must be submitted to the City of Lancaster-Income Tax Department, P.O. Box 128, Lancaster, OH 43130-0128 on or before February 28. Failure to file Form W3 with W-2's by February 28 will result in a penalty of \$25 per month or part month with maximum of \$150. Any questions should be referred to the Department of Taxation at (740) 687-6606.

****Special Notice-The City of Lancaster now accepts electronic filing of year-end W-2 and reconciliation information. Employers with 150 or more employees MUST use the SSA format that includes local tax information.**

RECONCILIATION FORM FOR CITY OF LANCASTER
SUBMIT BY FEBRUARY 28. W-2'S MUST BE ATTACHED

MAIL TO: DIVISION OF TAXATION Phone: (740) 687-6606
CITY OF LANCASTER
P.O. BOX 128
LANCASTER, OH 43130-0128

FOR TAX YEAR ENDING 2020

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME & ADDRESS:

FEIN:

ACCT NO.

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER

1. NO. OF LANCASTER W-2'S ..	_____
2. LANCASTER WAGES SUBJECT TO WITHHOLDING TAX... \$	_____
3. AMOUNT OF LANCASTER TAX WITHHELD	\$ _____
4. AMOUNT OF COURTESY TAX WITHHELD.....	\$ _____
5. TOTAL LANCASTER TAX PAID.....	\$ _____
6. LATE FEE, PENALTY INTEREST	\$ _____
7. AMOUNT DUE	\$ _____

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

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____