

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 provide copies of the 1099-Misc/Nec or appropriate earning statement on or before February 28. All 1099-Misc/Nec 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-NEC or 1099-MISC. If none, check the appropriate box and return by February 28. If you are not the person responsible for issuing 1099's, then please direct the form 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. Any questions should be referred to the City of Lancaster Income Tax Office at (740) 687-6606.

****Special Notice-The City of Lancaster now accepts electronic filing of year-end W-2 and reconciliation information. Employers with 10 or more Lancaster W-2's MUST use the SSA format that includes local tax information. SSA format is preferred regardless of number of employees.**

RECONCILIATION FORM FOR CITY OF LANCASTER

-SUBMIT BY FEBRUARY 28

-W-2'S MUST BE ATTACHED

MAIL TO: INCOME TAX DEPARTMENT Phone: (740) 687-6606
CITY OF LANCASTER
P.O. BOX128
LANCASTER, OH 43130-0128

FOR TAX YEAR ENDING 2025 Tax Rate 2.30%

PAYMENT ENCLOSED ☐

REFUND REQUESTED ☐

SEE INSTRUCTIONS

NAME & ADDRESS:

FEIN:

ACCT NO.

FORM W3

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. _____