

**VILLAGE OF LEXINGTON, OHIO**

**INCOME TAX DEPARTMENT**

Employer's Annual Reconciliation – Tax Year: \_\_\_\_\_

**MONTHLY PAYMENTS:**

JANUARY: \$ \_\_\_\_\_

FEBRUARY: \$ \_\_\_\_\_

MARCH: \$ \_\_\_\_\_

APRIL: \$ \_\_\_\_\_

MAY: \$ \_\_\_\_\_

JUNE: \$ \_\_\_\_\_

JULY: \$ \_\_\_\_\_

AUGUST: \$ \_\_\_\_\_

SEPTEMBER: \$ \_\_\_\_\_

OCTOBER: \$ \_\_\_\_\_

NOVEMBER: \$ \_\_\_\_\_

DECEMBER: \$ \_\_\_\_\_

**TOTAL PAID:** \$ \_\_\_\_\_

**BALANCE DUE:** \$ \_\_\_\_\_

**REFUND/CREDIT:** \$ \_\_\_\_\_

**Number of W2s:** \_\_\_\_\_

**[ALL W2'S MUST BE ATTACHED]**

**QUARTERLY PAYMENTS:**

1<sup>ST</sup>: \_\_\_\_\_

2<sup>ND</sup>: \_\_\_\_\_

3<sup>RD</sup>: \_\_\_\_\_

4<sup>TH</sup>: \_\_\_\_\_

**Business Fed I.D.#:** \_\_\_\_\_

**Business name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**REMIT TO:**

VILLAGE OF LEXINGTON ATTN: INCOME TAX DEPARTMENT

44 WEST MAIN STREET

LEXINGTON, OHIO 44904

**ON OR BEFORE FEBRUARY 28<sup>TH</sup>**