

Tax Year 2025

FORM W3 1124
EMPLOYER'S
WITHHOLDING
RECONCILIATION

MT. ORAB INCOME TAX BUREAU

211 South High St.
P.O Box 268
Mt. Orab, OH 45154

Voice 937-444-2945

Fax 937-444-9241

DUE DATE 02/28/2026

Name

FEDERAL ID NUMBER _____

And

NAME OF PERSON
COMPLETING FORM _____

Address

LOCAL PHONE NUMBER _____

NUMBER OF EMPLOYEES LISTED _____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to Mt. Orab Income Tax Bureau, for difference if withholding exceeds remittance.

2. If remittance exceeds amount withheld, give explanation and request refund below.

3. Attach explanation if column 2 is used.

Substitute form can be used if same information is reported. Attach copies of W-2 forms, 1099-Misc forms or listing of employee wages and withholdings for Mt. Orab. Differences of less than \$10.00 need not be remitted.

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____