

**MAIL TO:**  
VILLAGE OF GREEN SPRINGS  
120 CATHERINE ST.  
P.O. BOX 536  
GREEN SPRINGS, OH 44836

**W-3 FORM  
VILLAGE OF GREEN SPRINGS  
RECONCILIATION OF GREEN SPRINGS INCOME  
TAX WITHHELD FROM WAGES**

**MAIL TO:**  
VILLAGE OF GREEN SPRINGS  
120 CATHERINE ST.  
P.O. BOX 536  
GREEN SPRINGS, OH 44836

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Federal Tax ID# \_\_\_\_\_

1. Total number of employees as represented by forms W-2 submitted herewith..... \_\_\_\_\_

3. Total Income Tax Withheld during year 20\_\_\_\_  
  
Quarter ended March 31<sup>st</sup>      \$ \_\_\_\_\_  
Quarter ended June 30<sup>th</sup>      \$ \_\_\_\_\_  
Quarter ended September 30<sup>th</sup> \$ \_\_\_\_\_  
Quarter ended December 31<sup>st</sup> \$ \_\_\_\_\_

2. Total Green Springs Income Tax withheld  
From wages during year as shown by  
Employee's statement (Form W-2)..... \$ \_\_\_\_\_

4. TOTAL ..... \$ \_\_\_\_\_

\*5. Difference between Lines 2 & 4 \$ \_\_\_\_\_

*\*If Line 5 indicates a balance due, the amount thereof should accompany this return. If line 5 indicates an overpayment, a refund request signed by the employer should be made.*

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_