



1. Number of Taxable Employees. .... 1

2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... 2

3. Taxable Earnings (from line 2). .... 3

4. Actual Tax Withheld at 1.500 %. .... 4

5. Adjustments of Tax for Prior Period. .... 5

6. 1.5%. .... 6

7. 10%. .... 7

8. Total (Include Interest and Penalty if Due). .... 8

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE FEBRUARY 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending JANUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... 2

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE MARCH 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending FEBRUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE APRIL 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending MARCH

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE MAY 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending **APRIL****TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... 2

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE JUNE 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending **MAY****TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... 2

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE JULY 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending **JUNE****TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE AUGUST 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending JULY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE SEPTEMBER 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending AUGUST

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... 2

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE OCTOBER 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970

Name

And

Address

Period Ending SEPTEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... 2

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE NOVEMBER 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104

Fax 614-873-9970

Name

And

Address

Period Ending **OCTOBER****TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... 2

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE DECEMBER 15, 2023**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104

Fax 614-873-9970

Name

And

Address

Period Ending **NOVEMBER****TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees. .... 1

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**Tax Year 2023**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE JANUARY 15, 2024**

**MAKE CHECK OR MONEY ORDER TO:**

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104

Fax 614-873-9970

Name

And

Address

Period Ending **DECEMBER****TAX ID**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

Tax Year 2023

FORM W3 1500 75762

EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

00001

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD

P.O. Box 167

PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104

Fax 614-873-9970



DUE DATE 02/28/2024

Name

And

Address

FEDERAL ID NUMBER \_\_\_\_\_

NAME OF PERSON  
COMPLETING FORM \_\_\_\_\_

LOCAL PHONE NUMBER \_\_\_\_\_

NUMBER OF EMPLOYEES LISTED \_\_\_\_\_

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to PLAIN CITY INCOME TAX DEPARTMENT, 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.

Reconciliation instructions...

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 \_\_\_\_\_