



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	

Name

And

Address

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 30, 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

Period Ending JAN-FEB-MAR

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	
3. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.500 %.	4	
5. Adjustments of Tax for Prior Period.	5	
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8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

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 31, 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

Period Ending APR-MAY-JUN

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	
3. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.500 %.	4	
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6. 1.5%.	6	
7. 10%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

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 31, 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

Period Ending JUL-AUG-SEP

TAX ID

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



1. Number of Taxable Employees.
2. Total Salaries, Wages, Commissions and other Compensation
paid all employees.
3. Taxable Earnings (from line 2).
4. Actual Tax Withheld at 1.500 %.
5. Adjustments of Tax for Prior Period.
6. 1.5%.....
7. 10%.....
8. Total (Include Interest and Penalty if Due).

1		
2		
3		
4		
5		
6		
7		
8		

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 31, 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 OCT-NOV-DEC

TAX ID

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

Tax Year 2023

PLAIN CITY INCOME TAX DEPARTMENT

FORM W3 1500 75767

800 VILLAGE BLVD



EMPLOYER'S

P.O. Box 167

WITHHOLDING

00001

PLAIN CITY OH 43064

RECONCILIATION

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 _____