

**CITY OF KETTERING INCOME TAX DIVISION**

P.O. BOX 293100 • KETTERING, OHIO 45429-9100

PHONE: (937) 296-2502 • FAX: (937) 296-3242

www.ketteringoh.org

FORM KW-3 (REV. 11/07)

(YEAR) \_\_\_\_\_ **ANNUAL WITHHOLDING RECONCILIATION**

JAN.	APRIL	JULY	OCT.	<b>TOTAL TAX REMITTED</b>  <b>TOTAL KETTERING TAX WITHHELD PER W-2'S</b>  <b>DIFFERENCE DUE OR &lt;OVERPAID&gt;</b>	<b>NUMBER OF W-2'S ATTACHED</b>  <b>NUMBER OF EMPLOYEES AT CALENDAR YEAR END</b>  <b>Tax Rate 2.25%</b> If overpaid, check one: <input type="checkbox"/> Refund <input type="checkbox"/> Credit
FEB.	MAY	AUG.	NOV.		
MARCH	JUNE	SEPT.	DEC.		
<b>1ST QTR.</b>	<b>2ND QTR.</b>	<b>3RD QTR.</b>	<b>4TH QTR.</b>		

**SUBMIT THIS FORM WITH W-2's BY FEBRUARY 28.**

Account Number \_\_\_\_\_

Federal ID No. \_\_\_\_\_

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

RESPONSIBLE OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RESPONSIBLE OFFICER NAME (PLEASE PRINT) \_\_\_\_\_

**CHANGE OF STATUS**

To notify the Income Tax Division of any changes in employer status, please complete the section below:

- Out of Business Date: \_\_\_\_\_
- Merged Date: \_\_\_\_\_
- Other; Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**New Owner/Surviving Corporation Name**  
 Contact Person: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Federal I.D. # \_\_\_\_\_

**GENERAL INFORMATION**

On or before February 28 of each year, every employer must file an Annual Withholding Reconciliation (Form KW-3) including copies of all corresponding W-2 Forms. Each W-2 Form shall furnish employee name, address, social security number, qualifying wages, local tax withheld, name of locality for which tax was withheld, and any other compensation allocated or set aside for or paid to the employee. In lieu of the actual W-2 Forms an employer may provide a listing which furnishes the same information as contained on a W-2 Form.

**FILING INSTRUCTIONS**

Enter a breakdown of all withholding payments made either on a monthly or quarterly basis in the corresponding boxes found on this return. You must also enter the total amount of tax paid to the City of Kettering, the amount of Kettering tax withheld (as shown on W-2 Forms), the number of W-2 Forms included with your reconciliation and the number of employees subject to Kettering tax at calendar year end. The total amount of tax paid and tax withheld should be equal amounts. In the event of an overpayment, please check the appropriate box to indicate whether you would like to have the overpayment refunded to you or credited to the following year. If you have a balance due, your payment must accompany this return. Submit completed returns and corresponding W-2 Forms to the City of Kettering, Income Tax Division, P.O. Box 293100, Kettering, OH 45429-9100. **Your return is due on or before February 28.**



CITY OF KETTERING