

**NEW LEXINGTON INCOME TAX**  
**215 SOUTH MAIN STREET**  
**NEW LEXINGTON, OH 43764**

**FORM W-3**

**WITHHOLDING TAX RECONCILIATION**  
**FOR THE TAX YEAR 20\_\_\_\_\_**

**THIS FORM MUST BE RETURNED WITH W-2'S AND 1099'S BY FEBRUARY 28**

January	April	July	October	Total Tax Remitted	Number of W-2s Attached
February	May	August	November	Total New Lexington Tax Withheld per W-2s	Number of Employees at Calendar Year End
March	June	September	December	Difference Due or <Overpaid>*	Number of 1099s Attached
Total 1 <sup>st</sup> Quarter	Total 2 <sup>nd</sup> Quarter	Total 3 <sup>rd</sup> Quarter	Total 4 <sup>th</sup> Quarter	* Refunds are NOT automatically issued. If refund of overpayment is requested, please attach explanation of how overpayment occurred. If additional tax is due, payment must accompany this return.	

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

**ACCOUNT #** \_\_\_\_\_

Signed By: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Official Title: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

Phone Number to Contact: (\_\_\_\_)\_\_\_\_-\_\_\_\_ ext. \_\_\_\_

If name or address is incorrect, make necessary changes.