RECONCILIATION INSTRUCTIONS

The original of this reconciliation form must be filed with the City of Brunswick Income Tax Department by the last day of February of the subsequent year. This form must be accompanied by copies of employee's wage statements (W-2's) showing: (1) name and address of employee (The employees residence address should show the correct political subdivision - NOT CLEVELAND AND A ZIP CODE NUMBER); (2) Social Security Number; (3) Gross Earnings PAID BEFORE ANY PAYROLL DEDUCTIONS; (4) Amount of Brunswick and any other city income tax withheld and name address and Federal Identification Number of the employer.

An adding machine Tape listing the amounts of Brunswick income tax withheld, as indicated by individual employees statements(W-2's) should be attached. Any difference posted on Line 7 MUST BE FULLY EXPLAINED IN AN ATTACHED STATEMENT.

A penalty of twenty-five dollars for each failure to timely file the return will be assessed, regardless of the liability shown thereon for each month, or any fraction thereof, during which the return remains unfiled regardless of the liability shown thereon. The penalty shall not exceed one hundred fifty dollars for each failure.

If Line 7 indicates a balance due, the amount should accompany this return. Make checks payable to the City of Brunswick, P.O. Box 0816, Brunswick OH 44212.

WITHHOLDING TAX RECONCILIATION FOR EMPLOYER'S QUARTERLY RETURNS SEE INSTRUCTIONS BEFORE COMPLETING THIS FORM

MAKE CHECK OR MONEY ORDER TO:	COMPLETING THIS FORM		TAX YEAR 2016
CITY OF BRUNSWICK TAX DEPARTMENT P.O. BOX 0816 BRUNSWICK, OH 44212-0816		4. PAYROLL SUBJECT TO TAX (Line 2 5. WITHHOLDING TAX LIABILITY 6. TOTAL BRUNSWICK INCOME TAX	\$
1. TOTAL NUMBER OF EMPLOYEES REPRESENTED BY STATEMENTS HEREWITH		QUARTER ENDING MARCH 31 QUARTER ENDING JUNE 30 QUARTER ENDING SEPT. 30 QUARTER ENDING DEC. 31 TOTAL REMITTED	\$
		7. DIFFERENCE BETWEEN LINES (5 & 6)	

RETURN THIS COPY WITH PAYMENT