

**RECONCILIATION INSTRUCTIONS**

**IMPORTANT:**

Photocopies, computer print-outs, or typed information will be accepted in lieu of original W-2 forms provided equivalent information is presented. If moving expenses, sick pay, profit sharing and/or deferred compensation are included in gross wages, specify amounts separately.

The original of this reconciliation must be filed with the TAX DEPARTMENT, CITY OF ALLIANCE, P.O. Box 2025, Alliance, Ohio 44601 on or before February 28, unless a written request for extension has been made and granted (in writing) by the Administrator. This form must be accompanied by copies of employee's statements (Form W-2) showing: (1) name and address of employee; (2) social security number; (3) gross earnings earned before any deductions; (4) amount of ALLIANCE and other municipal income tax withheld; (5) name, address and ALLIANCE account number of employer.

If Line 5 indicates a balance due, the amount thereof should accompany this return; If Line 5 indicates an overpayment, a refund request signed by the employer may be made.

The income tax rate for City of Alliance is 2.0% effective July 1, 2007

**RECONCILIATION OF ALLIANCE INCOME TAX WITHHELD FROM WAGES**

**CITY OF ALLIANCE, OHIO**

1. Total number of employees as represented by Form W-2 or equivalent submitted herewith..... \_\_\_\_\_  
(All W-2's submitted must be completed in their entirety)
2. Total wages subject to Alliance Tax paid during as shown on employee's statement W-2.  
(Form W-2)..... \$ \_\_\_\_\_
3. Tax Due Alliance Line 2x2%(.02)..... \$ \_\_\_\_\_
4. Total ALLIANCE Income Tax Withheld during \_\_\_\_\_ From: (Form SW-1)  

JAN \$ _____	JUL \$ _____
FEB \$ _____	AUG \$ _____
MAR \$ _____	SEP \$ _____
APR \$ _____	OCT \$ _____
MAY \$ _____	NOV \$ _____
JUN \$ _____	DEC \$ _____

5. Total .....\$ \_\_\_\_\_
  6. Difference between Lines 3 & 5 \_\_\_\_\_  
If Line 6 indicates a balance due, the amount thereof should accompany this return; If Line 6 indicates an overpayment, a refund request signed by the employer should be made.
- I hereby certify that the information contained herein and in any exhibits attached are true and correct.
- Signed \_\_\_\_\_  
Official Title \_\_\_\_\_