

# HUBER HEIGHTS EMPLOYER 'S WITHHOLDING RECONCILIATION FORM W-3

ACCT # \_\_\_\_\_ FID # \_\_\_\_\_

EMPLOYER NAME AND ADDRESS (PLEASE COMPLETE)

Due Date: February 28, 20 26

**Please include:**

W-2 forms or printout containing same info.  
1099 forms for non-employee compensation of  
\$600.00 or more paid for worked performed  
in Huber Heights.

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Signature	Title	Phone #	Email
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## TAX YEAR 20 25

1. Total number of W-2 forms submitted	_____	9. Quarter ending June 30	\$_____
2. Total number of 1099 forms submitted	_____	10. Quarter ending September 30	\$_____
3. Total Huber Heights payroll for the year	\$_____	11. Quarter ending December 31	\$_____
4. Less payroll not subject to tax (must explain below)	\$_____	12. Credits from prior year	\$_____
5. Payroll subject to tax	\$_____	13. Total (Lines 8 thru 12)	\$_____
6. Withholding tax liability (@ 2.25% of line 5)	\$_____	14. Tax due (the greater amount of Line 6 or Line 7)	\$_____
7. Total income tax withheld from wage as shown on employee W-2 form	\$_____	15. Additional tax due	\$_____
8. Quarter ending March 31	\$_____	16. Overpayment credited to next year/refunded	\$_____

No taxes or credits less than \$10.00 collected/refunded.

**EXPLANATION OF PAYROLL NOT SUBJECT TO TAX**  
(If no explanation is provided, 2.25% of total payroll is due and payable)

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**FOR OFFICE USE ONLY:**

POSTMARK DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ TAX DUE: \_\_\_\_\_

PENALTY: \_\_\_\_\_ INTEREST: \_\_\_\_\_ TOTAL PAID: \_\_\_\_\_

**CITY OF HUBER HEIGHTS DIVISION OF TAXATION**

P.O. BOX 24309

HUBER HEIGHTS, OHIO 45424

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