

EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

1. Employer's, IRC Sec. 3504 agent's or CPEO's name			6. Federal employers identification number	
2. Address (number, street and room or suite number)			7. Due on or before February 28, 2019	
3. City	4. State	5. Zip code		Revised 10/25/2016

8a. If line 1 is a Sec 3504 agent or a CPEO, Enter client employers name	8b. FEIN of employer listed on line 8a
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SUMMARY OF TAX WITHHELD AND WITHHOLDING TAX PAID		
MONTH/QUARTER	TAX WITHHELD	WITHHOLDING TAX PAID
01M	January	
02M	February	
01Q	March/First Quarter	
FIRST QUARTER TOTAL		
04M	April	
05M	May	
02Q	June/Second Quarter	
SECOND QUARTER TOTAL		
07M	July	
08M	August	
03Q	September/ Third Quarter	
THIRD QUARTER TOTAL		
10M	October	
11M	November	
04Q	December/Fourth Quarter	
FOURTH QUARTER TOTAL		

9. TOTAL WITHHOLDING TAX PAID (Sum of withholding tax payments reported in column	9.	
10. NUMBER OF W-2 FORMS ATTACHED	10.	
11. TOTAL TAX WITHHELD PER W-2(S)	11.	
12. BALANCE DUE	12.	
13. OVERPAYMENT – ATTACH EXPLANATION *	13.	

*** Submit a letter to request a refund. Include a detailed explanation on the cause of the overpayment. Refunds will not be issued without an explanation.**

Attach Forms W-2 (electronic format or paper copy) and payment of any balance due (line 12).

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.			
8. SIGNATURE	9. NAME AND TITLE (<i>Please print</i>)	10. DATE	11. PHONE NUMBER

Enclose the required copies of Forms W-2 and, if necessary, payment of any balance due and/or Form BEN-W-3S with Form BEN-W-3

Mail to: **BENTON HARBOR CITY INCOME TAX DEPT.
PO BOX 597
BENTON HARBOR MI 49023**

SUPPLEMENT TO EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

1. Employer's, IRC Sec. 3504 agent's or CPEO's name	6. Federal employer identification number
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Revised 11/19/2015

SUMMARY OF WITHHOLDING TAX PAID

If withholding tax payments for the year were made under one or more FEINs, enter the FEIN and the payments made under each FEIN in a separate column

	FEIN UNDER WHICH PAYMENTS WERE SUBMITTED			
	▼ 1st FEIN ▼	▼ 2nd FEIN ▼	▼ 3rd FEIN ▼	▼ 4th FEIN ▼
MONTH OR QUARTER OF PAYMENT	WITHHOLDING TAX PAID	WITHHOLDING TAX PAID	WITHHOLDING TAX PAID	WITHHOLDING TAX PAID
JAN (01M)				
FEB (02M)				
MAR (01Q)				
APR (04M)				
MAY (05M)				
JUN (02Q)				
JUL (07M)				
AUG (08M)				
SEP (03Q)				
OCT (010M)				
NOV (011M)				
DEC (04Q)				
TOTALS (Enter total each separate				

9. TOTAL WITHHOLDING TAX PAID (Add totals from all columns; enter here and enter on Form BEN-W-3, line 9)	
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SUMMARY OF FORMS W-2 SUBMITTED

If the tax withheld as reported on Forms W-2, box 19, was reported under more than one FEIN (Form W-2, box b) enter the FEIN, the number of Forms W-2, the total tax withheld on the forms and the Locality name (Form W-2, box 20) on separate lines for each FEIN

EMPLOYER FEIN (Form W-2, box b)	NUMBER OF FORMS W-2 SUBMITTED	TOTAL TAX WITHHELD (Form W-2, box 19)	LOCALITY NAME ON FORMS W-2 (Form W-2, box 20)
10. TOTAL NUMBER OF FORMS W-2 (Total column; enter here and on Form BEN-W-3, line 10)			
11. TOTAL TAX WITHHELD PER W-2s (Total lines in column; enter here and on Form BEN-W-3, line 11)			