



2024

CITY OF COSHOCTON DIVISION OF TAXATION
EMPLOYERS WITHHOLDING RECONCILIATION

FID# _____ DUE DATE February 28, 2025

EMPLOYERS NAME _____ EMAIL _____

ADDRESS _____ PHONE _____

SIGNATURE _____ TITLE _____ DATE _____

TOTAL NUMBER W-2'S _____ TAX WITHHELD 1ST Q (add 3 months) _____

TOTAL NUMBER 1099 MISC _____ TAX WITHHELD 2ND Q (add 3 months) _____

TOTAL TAXABLE COSHOCTON PAYROLL _____ TAX WITHHELD 3RD Q (add 3 months) _____

****TAXABLE PAYROLL X 2% \$** _____ TAX WITHHELD 4TH Q (add months) _____

**** TOTAL TAX WITHHELD \$** _____

**** TOTAL TAX REMITTED TO OUR OFFICE \$** _____

**** These should all match (within \$10.00)**

We will not accept a reconciliation that is out of balance

BALANCE DUE \$ _____

REFUND \$ _____

INCLUDE: W-2 FORMS and 1099 MISC FORMS FOR NON-EMPLOYEE COMPENSATION OF \$600 OR MORE

W-2 End Total Sheet (Last W-2 form should be a total sheet of all)

**MAIL TO: 760 CHESTNUT STREET
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