

**EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD**

**NAME AND ADDRESS**

**Due on or before February 28, 2014**

**FEIN**

SUMMARY OF WITHHOLDING TAX PAID		
MONTH/QUARTER	MONTHLY RETURN PAYMENTS	QUARTERLY RETURN PAYMENTS
January		
February		
March		
<b>FIRST QUARTER TOTAL</b>		
April		
May		
June		
<b>SECOND QUARTER TOTAL</b>		
July		
August		
September		
<b>THIRD QUARTER TOTAL</b>		
October		
November		
December		
<b>FOURTH QUARTER TOTAL</b>		
	<b>TOTAL WITHHOLDING TAX PAID</b>	1.
	<b>NUMBER OF W-2 FORMS ATTACHED</b>	2.
	<b>TOTAL LOCAL WAGES</b>	3.
	<b>TOTAL TAX WITHHELD PER W-2's</b>	4.
	<b>BALANCE DUE</b>	5.
	<b>OVERPAYMENT - ATTACH EXPLANATION*</b>	6.

SIGNATURE	TITLE	PHONE	DATE
-----------	-------	-------	------

- Check Federal Employer Identification Number. If incorrect, make corrections and file Notice of Change or Discontinuance, Form M-6-IT.
- Enter withholding tax payment information in the Summary of Withholding Tax Paid section.
- Enter the total withholding tax paid in Box 1.
- Enter the number of W-2 forms attached in Box 2.
- Enter the total of Local Wages in Box 3.
- Enter the amount of Local Tax withheld per the W-2 forms attached in Box 4. **Attach an adding machine tape totaling the W-2 forms or include copies of the computer generated summary W-2 forms.**
- If the withholding tax paid (Box 1) is less than the tax withheld per the W-2 forms (Box 4), enter the balance due in Box 5. The balance must be paid in full with this return. Make remittance payable to: *CITY OF MUSKEGON*.
- If the withholding tax paid (Box 1) is greater than the tax withheld per the W-2 forms (Box 4), enter the overpayment in Box 6. To receive a refund of any overpayment, submit a letter explaining the overpayment and requesting a refund.
- If the withholding tax paid (Box 1) equals the tax withheld per the W-2 forms (Box 4), enter a zero (0) in Boxes 5 and 6.
- Sign the return, enter your title, phone number and the date signed.
- Attach the required copies of the W-2 forms and payments for any balance due to the completed MW-3 form and mail to: **INCOME TAX DEPARTMENT, P.O. BOX 29, MUSKEGON, MI 49443-0029.**