

EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

Due on or before February 29, 2012

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