



CITY OF TUSKEGEE

Reconciliation Form

Occupational Withholding Tax

P. O. Box 830687
 Tuskegee, AL 36083
 PHONE - 334-720-0543
www.tuskegeealabama.gov

Business Name _____ Account Number _____ Year _____

W2 FORMS AND W3 FORM MUST BE ATTACHED or (A Detailed employee list showing amounts withheld)

Period Covered	Total # of Employees Recorded	Total Taxable Wages for Employees	Total Occupational Tax Withheld from Employees' Wages	Total Tax Remitted	Difference Owed (if any)
Month ended January 31st					
Month ended February 28th					
Month/Quarter ended March 31st					
Month ended April 30th					
Month ended May 31st					
Month/Quarter ended June 30th					
Month ended July 31st					
Month ended August 31st					
Month/Quarter ended September 30th					
Month ended October 31st					
Month ended November 30th					
Month/Quarter ended December 31st					
Total Tax Withheld For Year					

NOTE: A copy of this form must be filled out on or before February 28th. Please enclose payment for difference owed, if any.

Additional Amount Due (if any): _____

I declare, under penalties of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____