INSTRUCTION FOR FORM PW3

WHEN TO FILE – Employers who withheld City of Pickerington Municipal Tax from employees are required to file Form PW3 which serves as the transmittal statement for the Form W-2 which is required by the City of Pickerington Income Tax Division.

WHERE TO FILE – Employers are required to file this return with the Income Tax Department, City of Pickerington, Ohio 43147-1321, by February 28th. Late fee of \$25.00 may be assessed for noncompliance.

RECONCILIATION – Provide a reconciliation showing how you arrived at the totals shown on line 6 on this form. Amount remitted must agree with W2 totals of Pickerington tax withheld. If underpaid, remittance is due. If overpaid, indicate refund or carryover.

MAILING – All forms and packages mailed are required to be sent First Class Mail. Large packages may be sent via UPS or delivered to the Income Tax Department at 100 Lockville Road, Pickerington, Ohio 43147-1321

FORM PW3 is tailored after the federal Form S-W3 which should be familiar to all employers. However, should you have questions or desire additional information, please contact our office.

INCOME TAX DEPARTMENT CITY OF PICKERINGTON 100 LOCKVILLE ROAD PICKERINGTON, OHIO 43147-1321 PHONE (614) 837-4116

CITY OF PICKERINGTON ANNUAL RECONCILIATION RETURN SUBMIT BY THE LAST DAY OF FEBRUARY. W-2S MUST BE ATTACHED FOR TAX YEAR ENDING MAIL TO: CITY OF PICKERINGTON INCOME TAX DEPARTMENT 100 LOCKVILLE ROAD PICKERINGTON, OHIO 43147	☐ Check here if employer paying taxes in lieu of withholding – No W-2's necessary PAYMENTS SUBMITTED		ALL LINES MUST BE COMPLETED
	JANUARY \$	JULY \$	1. TOTAL # OF PICKERINGTON
	FEBRUARY \$	\$ 2. PICKERINGTON	2. PICKERINGTON
	MARCH \$	SEPTEMBER \$	WAGES SUBJECT TO WITHHOLDING TAX\$
PHONE (614) 837-4116 FAX (614) 833-2201	1ST QUARTER		
PAYMENT ENCLOSED □	APRIL \$	OCTOBER \$	4. AMOUNT OF COURTESY TAX WITHHELD\$ 5. TOTAL PICKERINGTON TAX PAID\$
ACCOUNT # FEIN: NAME:	MAY \$	NOVEMBER \$	
	JUNE	DECEMBER \$	
	2ND QUARTER	4TH QUARTER	
	I hereby certify that the information and statements contained herein are true and correct		
	Signature		Date
	Print name		Title
FORM PW3	Phone no		

WITHHOLDING TAX WORKSHEET

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file) (Keep for your records - Do not file) Month Due Check Month Due Check Ending Date Number Date Amount **Ending** Date Number Date Amount 1/31 2/15 7/31 8/15 2/28 3/15 8/31 9/15 3/31 4/15 9/30 10/15 4/30 10/31 or 1st qtr or 3rd atr 4/30 5/15 10/31 11/15 5/31 6/15 11/30 12/15 6/30 7/15 12/31 1/15 7/31 1/31 or 2nd qtr or 4th qtr