

**Tax Year 2025**

**VILLAGE OF HICKSVILLE/SHERWOOD**

**FORM W3 1495**  
**EMPLOYER'S**  
**WITHHOLDING**  
**RECONCILIATION**

111 S. Main St  
 Hicksville OH 43526

Voice 419-542-8621

Fax 419-542-2018

**DUE DATE 02/28/2025**

Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_  
 NAME OF PERSON  
 COMPLETING FORM \_\_\_\_\_  
 LOCAL PHONE NUMBER \_\_\_\_\_  
 NUMBER OF EMPLOYEES LISTED \_\_\_\_\_

**EMPLOYEE W2'S MUST ACCOMPANY THIS FORM**

**INSTRUCTIONS**

1. Attach check payable to VILLAGE OF HICKSVILLE/SHERWOOD, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

**Reconciliation instructions...**

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

<b>Period</b>	<b>(1) Gross Payroll</b>	<b>(2) Payroll Not Subject to Tax</b>	<b>(3) Payroll Subject to Tax</b>	<b>(4) Tax Due</b>	<b>(5) Tax Paid Per Your Records</b>
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
<b>TOTALS</b>	=====	=====	=====	=====	=====

**TOTAL REMITTANCE MADE** \_\_\_\_\_

**Employer - Explain any differences:**

**DIFFERENCE** \_\_\_\_\_