

# Tax Year 2025

FORM W3 1118  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

VILLAGE OF HICKSVILLE  
111 S MAIN ST  
HICKSVILLE OH 43526-1398

Voice 419-542-8621 Ext

Fax 419-542-2018

**DUE DATE 02/28/2026**

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, 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.

#### ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

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

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

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_