

EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

|                              |   |
|------------------------------|---|
| 1. EMPLOYER NAME AND ADDRESS | 2. FEDERAL EMPLOYER IDENTIFICATION NUMBER |
|                              | DUE ON OR BEFORE<br><b>2/28/2020</b>      |

| SUMMARY OF WITHHOLDING TAX PAID   |                                   |                      |
|-----------------------------------|-----------------------------------|----------------------|
| MONTH/QUARTER                     | TAX WITHHELD                      | WITHHOLDING TAX PAID |
| January                           |                                   |                      |
| February                          |                                   |                      |
| March                             |                                   |                      |
| <b>FIRST QUARTER TOTAL</b>        |                                   |                      |
| April                             |                                   |                      |
| May                               |                                   |                      |
| June                              |                                   |                      |
| <b>SECOND QUARTER TOTAL</b>       |                                   |                      |
| July                              |                                   |                      |
| August                            |                                   |                      |
| September                         |                                   |                      |
| <b>THIRD QUARTER TOTAL</b>        |                                   |                      |
| October                           |                                   |                      |
| November                          |                                   |                      |
| December                          |                                   |                      |
| <b>FOURTH QUARTER TOTAL</b>       |                                   |                      |
|                                   | <b>TOTAL WITHHOLDING TAX PAID</b> | 3.                   |
| NUMBER OF W-2 FORMS ATTACHED      |                                   | 4.                   |
| TOTAL TAX WITHHELD PER W-2(S)     |                                   | 5.                   |
| BALANCE DUE                       |                                   | 6.                   |
| OVERPAYMENT - ATTACH EXPLANATION* |                                   | 7.                   |
| TOTAL PAYROLL                     |                                   | 8.                   |

\*SUBMIT A LETTER EXPLAINING THE OVERPAYMENT AND REQUESTING A REFUND.

|              |  |          |
|--------------|--|----------|
| 9. SIGNATURE | 10. NAME AND TITLE <i>(Please Print)</i> | 11. DATE |
|--------------|--|----------|

**INSTRUCTIONS FOR EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD**

- Check identification information in Box 1 and Box 2. If incorrect, make corrections and file Notice of Change or Discontinuance, Form F-6-IT.
- Enter tax withheld and tax payment information in the Summary of Withholding Tax Paid section.
- Enter the total withholding tax paid in Box 3.
- Enter the number of W-2 forms attached in Box 4.
- Enter the amount of tax withheld per the W-2 forms attached in Box 5. **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 3) is less than the tax withheld per the W-2 forms (Box 5), enter the balance due in Box 6. The balance due must be paid in full with this FW-3 form. Make remittance payable to: FLINT CITY TREASURER
- If the withholding tax paid (Box 3) is greater than the tax withheld per the W-2 forms (Box 5), enter the overpayment in Box 7. To receive a refund of any overpayment, submit a letter explaining the overpayment and requesting a refund.
- If the withholding tax paid (Box 3) equals the tax withheld per the W-2 forms (Box 5), enter a zero (0) in Boxes 6 and 7.
- Sign the return in box 9; Print your name and title in Box 10; and Enter the date signed in Box 11.
- Attach the required copies of the W-2 forms (or electronic media) and payment for any balance due to the completed FW-3 form and mail to:  
**CITY OF FLINT INCOME TAX DEPARTMENT, WITHHOLDING TAX SECTION, PO BOX 529,  
 EATON RAPIDS, MI 48827-0529 OR PAY ONLINE AT: WWW.CITYOFFLINT.COM**  
 \*PLEASE VISIT [www.cityofflint.com/IncomeTax/forms.asp](http://www.cityofflint.com/IncomeTax/forms.asp) FOR ELECTRONIC W2 FILING SPECIFICATIONS