

FRANKLIN LOCAL TAX Annual Reconciliation for Tax Year 20 _____

1 Benjamin Franklin Way; Franklin OH 45005; 937/746-9921; www.franklinohio.org; Fax 937/746-1136

Transmitter: _____		Contact: _____	
Address: _____			
City	State	Zip	Phone #:

Employer Name: _____		
Address: _____		
City	State	Zip

FEID: _____	FRANKLIN LOCAL TAX EIN: 10- _____
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Number of Federal W-2 Forms ▶	#
Total Annual Wages ▶	\$

	▼ Wages ▼		x	▼ Liability ▼	
Monthly Reconciliation Form	January	\$		January	\$
	February	\$		February	\$
	March	\$		March	\$
	April	\$		April	\$
	May	\$		May	\$
	June	\$		June	\$
	July	\$		July	\$
	August	\$		August	\$
	September	\$		September	\$
	October	\$		October	\$
	November	\$		November	\$
	December	\$		December	\$
	Total	\$		Total	\$

Under penalty of perjury, I state that, to the best of my knowledge, this form is true, correct and complete.

Signature Date Title

REFUND REQUESTS FOR MONIES NOT REFLECTED ON W2's MUST BE MADE BY WRITTEN REQUEST ON COMPANY LETTERHEAD