

YEAR END RECONCILIATION FORM

_____ Tax Year

Account Number _____

FEIN # _____

Name _____

Address _____

Phone Number _____

Contact Person _____

Total Dover Income Tax remitted During Year For:

	Amount Paid
Month of January	
Month of February	
Month of March	
1 st Quarter	

Month of April	
Month of May	
Month of June	
2 nd Quarter	

	Amount Paid
Month of July	
Month of August	
Month of September	
3 rd Quarter	

Month of October	
Month of November	
Month of December	
4 th Quarter	

1. Total Payroll Subject to Withholding \$ _____
2. Total Number of Employees _____
3. Withholding tax liability (1½% of Line 1) \$ _____
4. Total Remitted for the Year \$ _____
5. Overpayment (If Line 4 is greater than Line 1) \$ _____
6. Additional Tax Due (if line 1 is greater than Line 4) \$ _____

Submit Copies of W-2 With This Form

Signature

Date

UNDER DOVER ORDINANCE #36-05, IT STATES THAT "ANY PERSON REQUIRED BY THE IRS TO REPORT ON FORM 1099-MISC. PAYMENTS TO INDIVIDUALS NOT TREATED AS EMPLOYEES FOR SERVICES PERFORMED, SHALL ALSO REPORT SUCH PAYMENTS TO THE MUNICIPALITY WHEN THE SERVICES WERE PERFORMED IN THE MUNICIPALITY."