

GR-W-3

CITY OF GRAND RAPIDS

Year _____

EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

1. Employer's, IRC Sec. 3504 agent's or CPEO's name			6. Federal employer identification number	
2. Address (number, street and room or suite number)			7. Due on or before February 28 each year	
3. City, state and zip code	4. State	5. Zip code	Revised 10/15/2015	

8a. If line 1 is a Sec. 3504 agent or a CPEO, enter client employer's name	8b. FEIN of employer listed on line 8a
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SUMMARY OF TAX WITHHELD AND WITHHOLDING TAX PAID

MONTH/QUARTER	TAX WITHHELD	WITHHOLDING TAX PAID
01M January		
02M February		
01Q March/First Quarter		
FIRST QUARTER TOTAL		
04M April		
05M May		
02Q June/Second Quarter		
SECOND QUARTER TOTAL		
07M July		
08M August		
03Q September/Third Quarter		
THIRD QUARTER TOTAL		
10M October		
11M November		
04Q December/Fourth Quarter		
FOURTH QUARTER TOTAL		

9. TOTAL WITHHOLDING TAX PAID (Sum of withholding tax payments reported in column above)	9.	
10. NUMBER OF FORMS W-2 ATTACHED	10.	
11. TOTAL TAX WITHHELD PER FORMS W-2	11.	
12. BALANCE DUE (Line 9 less line 11)	12.	
13. OVERPAYMENT (Line 11 less line 9) <i>*ATTACH EXPLANATION</i>	13.	

*** Submit a letter to request a refund. Include a detailed explanation on the cause of the overpayment. Refunds will not be issued without an explanation.**

Attach Forms W-2 (elctronic format or paper copy) and payment of any balance due (line 12.)

Listings are not accepted.

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.			
14. SIGNATURE	15. NAME AND TITLE (PLEASE PRINT)	16. DATE	17. PHONE NUMBER

Enclose the required copies of Forms W-2 and, if necessary, payment of any balance due and/or request for refund if needed.

Questions? **Phone:** 616-456-3415 option 4 **Email:** grwhtax@grcity.us

Mail to: Grand Rapids Income Tax Department
PO BOX 347
GRAND RAPIDS MI 49501-0347