



PCW3 – Port Clinton Employer’s Annual Return of Employee Income Tax Withheld

For Calendar Year

Courtesy/Resident Withholder - Enter Rate:

Circle One if Applicable: Final Return? Yes No Amended Return? Yes No

Employer Information

FID Number/EIN:

Employer Name:

Address:

City, State, Zip Code

Phone Number

*This return and all W2s are due on or by the last day of February preceding the end of the year. Late filing penalties will be assessed.

*The return must be completed in full and include signature, date, title, phone number and email.

*Attach all W2s to the back of this return. If a listing, it must be legible and include all information that is recorded on a W2. Must be submitted in paper format. No other format is allowed. No CD’s will be accepted.

*Failing to submit in proper format will result in the return being sent back and penalties will apply if return is resubmitted after the due date.

*Do not enclose quarterly/monthly/semi-monthly returns with this form. Mail these separately.

*This annual return is not a substitute for quarterly/monthly/semi-monthly filings.

Withholding Information – City of Port Clinton Tax Liability from all Earnings shown on PCW1

Month Reported	Tax Liability	Month Reported	Tax Liability
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	
TOTAL TAX LIABILITY*			

*The City of Port Clinton Withholding Rate is 1.50%. The credit for other municipality withholding is .50%

Total Withholding Per PCW1’s	<input type="text"/>
Withholding Per Employee’s W2’s	<input type="text"/>
Difference between PCW1’s and W2’s	<input type="text"/>

#of W2’s

Please explain any discrepancy and include all supporting documentation (paystubs, payroll reports/registers, etc. Attach additional sheets if needed.

I hereby certify that the information and statements contained herein are true and correct.

Officer Name (Please Print)

Officer Signature

Officer Title

Date

Email