

INSTRUCTIONS

The original of this reconciliation form must be filed with the TAX ADMINISTRATOR, City of Niles, 34 W. State St., Niles, Ohio 44446 on or before January 31, unless written request for extension has been made to and granted (in writing) by the Administrator. This form must be accompanied by copies of employee's statements (Form W-2) or a printout (triple spaced) showing (1) name and address of employee; (2) Social Security number; (3) gross earnings paid before any payroll deductions; (4) Amount of City of Niles and other city income tax withheld; and (5) name and address of employer. An adding machine tape, listing the amounts of City of Niles income tax withheld, as indicated by individual employee's statements, should be attached thereto.

If the difference between lines 2 and 4 indicates a balance due, the amount thereof should accompany this return; if the difference indicates an overpayment, attach an explanation.

City of Niles
 34 W. State St.
 Niles, Ohio 44446

**RECONCILIATION OF CITY INCOME
 TAX WITHHELD FROM WAGES**

SOFTWARE SOLUTIONS INCORPORATED
 STANDARD FORM NO. SSI-007

Instructions on Reverse Side

1. Total number of employees as represented by
 Forms W-2 submitted herewith _____

2. Total City Income Tax withheld from wages
 during _____ as shown by employee's statement
 (Form W-2) \$ _____

3. Total City Income Tax Withheld during _____, for: (Form EQR)

Quarter ended March 31, \$ _____

Quarter ended June 30, \$ _____

Quarter ended September 30, \$ _____

Quarter ended December 31, \$ _____

4. TOTAL \$ _____

5. Difference between Lines 2 & 4 \$ _____

* If Line 5 indicates a balance due, the amount thereof should accompany this return;
 If Line 5 indicates an overpayment, a refund request signed by the employer should
 be made.