

Due On or Before February 28, 2015

EMPLOYER'S ANNUAL RECONCILIATION
OF **SEBRING INCOME TAX** WITHHELD
FOR CALENDAR YEAR 2014

COMPANY NAME: _____

ADDRESS: _____

FEDERAL I.D. NUMBER: _____

QUARTER ENDING	TAX REMITTED
3-31-2014	\$ _____
6-30-2014	\$ _____
9-30-2014	\$ _____
12-31-2014	\$ _____
TOTAL	\$ _____

Number of W-2 forms (copies) enclosed (**MANDATORY**): _____
(Must enclose W-2's **OR** a listing showing **all** of the following:
*Employee Name, Address, Social Security #, Medicare Wages, Local Wages
& Local Tax Withheld*)

Date: _____

Name of preparer (print) _____

Signature of preparer: _____

Phone Number _____