

# 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 <sup>st</sup> Quarter	

	Amount Paid
Month of July	
Month of August	
Month of September	
3 <sup>rd</sup> Quarter	

Month of April	
Month of May	
Month of June	
2 <sup>nd</sup> Quarter	

Month of October	
Month of November	
Month of December	
4 <sup>th</sup> Quarter	

1. Total Remitted for the Year \$ \_\_\_\_\_
2. Total Number of Employees \$ \_\_\_\_\_
3. Total Payroll Subject to Withholding \$ \_\_\_\_\_
4. Withholding tax liability (1½% of Line 3) \$ \_\_\_\_\_
5. Additional/Courtesy Residency Tax Withheld \$ \_\_\_\_\_
6. Total Liability Amount (Line 4 plus line 5) \$ \_\_\_\_\_
7. Overpayment (If Line 1 is greater than Line 6) \$ \_\_\_\_\_
8. Additional Tax Due (if line 6 is greater than Line 1) \$ \_\_\_\_\_

### Submit Copies of W-2 With This Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date