RECONCILIATION OF VILLAGE INCOME TAX VITHHELD AND TRANSMITTAL OF WAGE STATEMENTS (W-2)

DUE ON OR BEFORE

| | WITHHELD AND TRANSMITTAL | OF WAGE STATEMENTS (W-2) | JANUARY 31, |
|-----------------------------|---|--|--|
| | | | |
| Type or | | | EMPLOYER'S IDENTIFICATION No. |
| Print Employer's Name | | | NUMBER OF W-2 FORMS ATTACHED |
| and Address | | | FILE COPY |
| 1. TOTAL OF VILLAGE INCO | OME TAX WITHHELD FROM WAGES (FORMS W-2) | | \$ |
| | OME TAX WITHHELD AS REPORTED ON FORM EQR FOR QUAF | | |
| | \$ | | \$ |
| | \$ | | \$ |
| 3. TOTAL OF AMOUNTS AS | S SHOWN ON LINES 2A THROUGH 2D | | \$ |
| | (IF DIFFERENT FROM TOTAL LIN | IE 1, ATTACH EXPLANATIONS) | A Landa Company of the Company of th |
| I DECLARE THAT I HAVE EXAM | INED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE AND BELIE | EF IT IS TRUE. | |
| DATE | SIGNATURE | and the state of t | TITLE |
| | | | |
| Form ITW-3 Rev. 11/07 | RECONCILIATION OF V WITHHELD AND TRANSMITTAL | | DUE ON OR BEFORE JANUARY 31, |
| | | | |
| | | | EMPLOYER'S IDENTIFICATION No. |
| Type or | | | EMPLOYER'S IDENTIFICATION NO. |
| Print Employer's Name | | - | NUMBER OF W-2 FORMS ATTACHED |
| and Address | | | FILE COPY |
| 1. TOTAL OF VILLAGE INCO | DME TAX WITHHELD FROM WAGES (FORMS W-2) | | \$ |
| | OME TAX WITHHELD AS REPORTED ON FORM EQR FOR QUAF | | |
| | s | | \$ |
| B. JUNE 30 | \$ | D. DEC. 31 | \$ |
| 3. TOTAL OF AMOUNTS AS | SHOWN ON LINES 2A THROUGH 2D | | \$ |
| | (IF DIFFERENT FROM TOTAL LIN | IE 1, ATTACH EXPLANATIONS) | |
| I DECLARE THAT I HAVE EXAM | INED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE AND BELIE | EF IT IS TRUE. | |
| DATE | SIGNATURE | | TITLE |
| | | | |
| Form ITW-3 Rev. 11/07 | RECONCILIATION OF V WITHHELD AND TRANSMITTAL | ILLAGE INCOME TAX | DUE ON OR BEFORE JANUARY 31, |
| | | | |
| Туре | | | EMPLOYER'S IDENTIFICATION No. |
| or Print Employer's | | | NUMBER OF W-2 FORMS ATTACHED |
| Name and Address | | | FILE COPY |
| 1 TOTAL OF VILLAGE INCO | DME TAX WITHHELD FROM WAGES (FORMS W-2) | | \$ |
| | DIME TAX WITHHELD AS REPORTED ON FORM EQR FOR QUAF | | |
| | \$ | | \$ |
| B. JUNE 30 | \$ | D. DEC. 31 | \$ |
| 3. TOTAL OF AMOUNTS AS | SHOWN ON LINES 2A THROUGH 2D | | \$ |
| | (IF DIFFERENT FROM TOTAL LIN | | |
| I DECLARE THAT I HAVE EXAM | INED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE AND BELIE | EF IT IS TRUE. | |
| DATE | SIGNATURE | | TITLE |