

RECONCILIATION INSTRUCTIONS

Original of this reconciliation form must be filed with the Tax Commissioner of Norwood, OH on or before February 28, 2025 together with copies of W-2 Forms or a list of employees withheld from as requested under line No. 7. List must include employee's name, address, Social Security Number, taxable earnings, and amount of Norwood earnings tax withheld. Make a copy of this form for your records.

**DO NOT SEND THE RECONCILIATION TO:
NORWOOD P.O. BOX 950305 THIS LOCK BOX IS ONLY
FOR QUARTERLY OR MONTHLY PAYMENTS**

**REMIT THIS RECONCILIATION FORM &
W-2 FORMS TO:**

**NORWOOD TAX OFFICE
4645 MONTGOMERY ROAD
NORWOOD, OH 45212**

**CITY OF NORWOOD ANNUAL RECONCILIATION
SUBMIT BY FEBRUARY 28, 2025. W-2'S MUST BE ATTACHED**

**MAIL TO: NORWOOD TAX OFFICE
4645 MONTGOMERY ROAD
NORWOOD, OH 45212
PHONE (513) 458-4590**

FOR TAX YEAR ENDING: _____

PAYMENT ENCLOSED

REFUND REQUESTED

ACCOUNT NO: _____

NAME: _____

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

ALL SECTIONS MUST BE COMPLETED
1. TOTAL NORWOOD W-2'S # _____
2. NORWOOD WAGES SUBJECT TO WITHHOLDING TAX ... \$ _____
3. AMOUNT OF NORWOOD TAX WITHHELD \$ _____
4. ADJUSTMENT WITH THIS RETURN .. \$ _____
5. TOTAL NORWOOD TAX PAID \$ _____

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

Signed _____ Title _____
Federal ID no. _____ Date _____
Phone no. _____