

EMPLOYER'S ANNUAL RECONCILIATION  
OF SEBRING INCOME TAX WITHHELD  
FOR CALENDAR YEAR 2010

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FEDERAL I.D. NUMBER: \_\_\_\_\_

QUARTER ENDING	TAX REMITTED
3-31-2010	\$ _____
6-30-2010	\$ _____
9-30-2010	\$ _____
12-31-2010	\$ _____
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: \_\_\_\_\_