

EMPLOYER'S ANNUAL RECONCILIATION
OF SEBRING INCOME TAX WITHHELD
FOR CALENDAR YEAR 2009

COMPANY NAME: _____

ADDRESS: _____

FEDERAL I.D. NUMBER: _____

QUARTER ENDING	TAX REMITTED
3-31-2009	\$ _____
6-30-2009	\$ _____
9-30-2009	\$ _____
12-31-2009	\$ _____
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: _____