

TELEPHONE
937-231-1234

VILLAGE OF HOPEDALE
INCOME TAX DEPARTMENT
HOPEDALE, OHIO 43976

Employer's Annual Reconciliation of Income Tax Withheld

Place Label Here

Federal Employer
Identification No.

Number of W-2 forms and/
Listing Schedules Enclosed

- 1. Total Village of Hopedale wages paid.....
\$ _____
- 2. Total Village of Hopedale Income Tax
- 3. Withheld from wages as reported on W-2
Form(s) or listing schedule(s) -- enclose
Statement(s)
\$ _____
- 4. If Line 3 is less than Line 2, enter
The amount. Check if you want it
_____ applied next year or _____ refunded
\$ _____

Mail to:
Village of Hopedale
Income Tax Department
P. O. Box 476
Hopedale, Ohio 43976

I have examined this return and to the best of my knowledge it is correct.

(Signature)
(Date)

(Title, if applicable)