CITY OF SPRINGDALE
WITHHOLDING TAX RECONCILIATION
2019

EMPLOYER'S NAME AND ADDRESS:

IS THIS A FINAL RETURN? Yes No

EMPLOYER'S SPRINGDALE ACCOUNT NUMBER:

SPRINGDALE WITHHOLDING TAX RECONCILIATION

THE EMPLOYER IS REQUIRED TO WITHHOLD ON QUALIFYING WAGES, AS DEFINED IN THE INTERNAL REVENUE CODE SECTION 3121 (c), GENERALLY THE MEDICARE WAGE BOX OF THE W-2.

<table>
<thead>
<tr>
<th>SPRINGDALE &quot;COURTESY RESIDENT&quot; TAX</th>
<th>SPRINGDALE &quot;EMPLOYMENT&quot; TAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORK CITY</td>
<td>PAYROLL</td>
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</tbody>
</table>

TOTAL SPRINGDALE "COURTESY" RESIDENT TAX DUE
(Enter total amount on line 4)

1. Total number of employees as represented by the W-2’s submitted ________________________________

2. Total Springdale taxable wages as shown on the W-2’s ________________________________________

3. Total Springdale tax withheld as shown on the W-2’s ________________________________

4. Total "COURTESY" Resident tax due Springdale______________________________________________
   (If you withhold a courtesy resident tax, complete the boxes on the above left and enter the total tax here.)

5. Total Springdale Employment tax due ________________________________________________________
   (If you withhold tax based on Springdale as the employment/work city, complete the boxes on the above right and enter the total tax here. Do not include residency tax in these boxes or on this line.)

6. Total Springdale tax due ________________________________
   (Add lines 4 and 5)

7. Less payments remitted to Springdale ________________________________

8. Difference between lines 6 & 7. (If an underpayment, make check payable to the City of Springdale)
   ________________________________

NOTICE

1. Copies of all W-2’s listing full federal information must be included when filing this form. A computer generated form containing the identical information is also acceptable.
2. If non-employee compensation was paid ($1000 or more per individual) for work performed in Springdale, include copies of the 1099’s when filing this form.
3. Mail the original of this form and copies of the W-2’s to the Springdale Tax Commission on or before February 28, 2020.

SUBMITTED BY (PRINT/TYPE NAME)

TITLE ____________________________________________

SIGNATURE ____________________________________________

DATE ________________

EMPLOYER FID NO. ____________________________________________

PHONE NUMBER ____________________________________________

E-MAIL CONTACT ____________________________________________