

**EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD**

1. Employer's, IRC Sec. 3504 agent's or CPEO's name			6. Federal employer identification number	
2. Address (number, street and room or suite number)			7. Due on or before <b>February 28, 2027</b>	
3. City, state and zip code	4. State	5. Zip code		

8a. If line 1 is a Sec. 3504 agent or a CPEO, enter client employer's name	8b. FEIN of employer listed on line 8a
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**SUMMARY OF TAX WITHHELD AND WITHHOLDING TAX PAID**

MONTH/QUARTER	TAX WITHHELD	WITHHOLDING TAX PAID
01M January		
02M February		
01Q March/First Quarter		
<b>FIRST QUARTER TOTAL</b>		
04M April		
05M May		
02Q June/Second Quarter		
<b>SECOND QUARTER TOTAL</b>		
07M July		
08M August		
03Q September/Third Quarter		
<b>THIRD QUARTER TOTAL</b>		
10M October		
11M November		
04Q December/Fourth Quarter		
<b>FOURTH QUARTER TOTAL</b>		

9. <b>TOTAL WITHHOLDING TAX PAID</b> (Sum of withholding tax payments reported in column above)	9.
10. <b>NUMBER OF FORMS W-2 ATTACHED</b>	10.
11. <b>TOTAL TAX WITHHELD PER FORMS W-2</b>	11.
12. <b>BALANCE DUE</b> (Line 9 less line 11)	12.
13. <b>OVERPAYMENT</b> (Line 11 less line 9) * <b>ATTACH EXPLANATION</b>	13.

**\* Submit a letter to request a refund. Include a detailed explanation on the cause of the overpayment. Refunds will not be issued without an explanation.**

**Attach Forms W-2 (elctronic format or paper copy) and payment of any balance due (line 12.)**

<b>Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.</b>			
14. SIGNATURE	15. NAME AND TITLE (PLEASE PRINT)	16. DATE	17. PHONE NUMBER

Enclose the required copies of Forms W-2 and, if necessary, payment of any balance due and/or Form W-3S with Form W-3

Mail to: Jackson Income Tax Department  
161 W. Michigan Ave  
Jackson, MI 49201