



CITY OF LEEDS
Reconciliation of Monthly Returns
Occupational Withholding Tax
 1040 Park Drive
 Leeds, AL 35094
 PHONE - 205-699-2585 FAX - 205-699-6558
 www.leedsalabama.gov

Business Name _____ Account Number _____ Year _____

W2 FORMS AND W3 FORM MUST BE ATTACHED

Period Covered	Total # of Employees Recorded	Total Taxable Wages for Employees	Total Occupational Tax Withheld from Employees' Wages	Total Tax Remitted	Difference Owed (if any)
Month ended January 31st					
Month ended February 28th					
Month ended March 31st					
Month ended April 30th					
Month ended May 31st					
Month ended June 30th					
Month ended July 31st					
Month ended August 31st					
Month ended September 30th					
Month ended October 31st					
Month ended November 30th					
Month ended December 31st					
Total Tax Withheld For Year					

NOTE: A copy of this form must be filled out on or before January 31st. Any discrepancy between the total amount withheld and the total amount remitted must be fully explained in an attached statement. Please enclose payment for difference owed, if any.

Additional Amount Due (if any): _____

I declare, under penalties of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____