

FORM 322 ANNUAL RECONCILIATION OF COMPENSATION TAX WITHHELD FROM WAGES FOR 2008

REMOVE HERE

EMPLOYER NAME AND ADDRESS	ACCOUNT NO.	NUMBER PACKAGES	QUARTERLY PAYMENTS BREAKDOWN	
			TOTAL COMPENSATION TAX REMITTED JAN 1-DEC. 31 AS REPORTED ON LINE 1, OF FORM FORM 319	
FEDERAL E.I.N.	1. QTR. ENDED 3/31	3. QTR. ENDED 9/30		
	\$	\$		
	2. QTR. ENDED 6/30	4. QTR. ENDED 12/31		
	\$	\$		
A. THE NUMBER OF W-2 RECORDS REPORTING LOCAL COMPENSATION TAX WITHHELD IS _____.		5. TOTAL TAX REMITTED SHOULD = ENTRY ON LINE 6.	\$	
B. ENCLOSE VERIFICATION OF THE TOTAL COMPENSATION TAX WITHHELD AS REPORTED ON THE W-2 RECORDS SUBMITTED TO THIS BUREAU. <u>EXAMPLE</u> : CALCULATOR TAPE OR COMPUTER REPORT. IF OVERPAID CHECK ONE <input type="checkbox"/> REFUND _____ <input type="checkbox"/> APPLY TO 2009 _____		6. TOTAL TAX WITHHELD AS REPORTED ON FORMS W-2.	\$	
C. CONTACT PERSON'S NAME (PRINT) _____		PHONE NO. _____		
D. ENCLOSE THE FORMS W-2 INFORMATION WITH THIS FORM 322.		FAX NO. _____		
		EMAIL _____		

YORK ADAMS TAX BUREAU
 1415 N. DUKE STREET, P.O. BOX 15627
 YORK, PA 17405-0156 . PHONE (717) 812-0759

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN. _____ AUTHORIZED SIGNATURE REQUIRED _____ TITLE _____ DATE _____

FORM 322 ANNUAL RECONCILIATION OF COMPENSATION TAX WITHHELD FROM WAGES FOR 2008

REMOVE HERE

EMPLOYER NAME AND ADDRESS	ACCOUNT NO.	NUMBER PACKAGES	QUARTERLY PAYMENTS BREAKDOWN	
			TOTAL COMPENSATION TAX REMITTED JAN 1-DEC. 31 AS REPORTED ON LINE 1, OF FORM FORM 319	
FEDERAL E.I.N.	1. QTR. ENDED 3/31	3. QTR. ENDED 9/30		
	\$	\$		
	2. QTR. ENDED 6/30	4. QTR. ENDED 12/31		
	\$	\$		
A. THE NUMBER OF W-2 RECORDS REPORTING LOCAL COMPENSATION TAX WITHHELD IS _____.		5. TOTAL TAX REMITTED SHOULD = ENTRY ON LINE 6.	\$	
B. ENCLOSE VERIFICATION OF THE TOTAL COMPENSATION TAX WITHHELD AS REPORTED ON THE W-2 RECORDS SUBMITTED TO THIS BUREAU. <u>EXAMPLE</u> : CALCULATOR TAPE OR COMPUTER REPORT. IF OVERPAID CHECK ONE <input type="checkbox"/> REFUND _____ <input type="checkbox"/> APPLY TO 2009 _____		6. TOTAL TAX WITHHELD AS REPORTED ON FORMS W-2.	\$	
C. CONTACT PERSON'S NAME (PRINT) _____		PHONE NO. _____		
D. ENCLOSE THE FORMS W-2 INFORMATION WITH THIS FORM 322.		FAX NO. _____		
		EMAIL _____		

YORK ADAMS TAX BUREAU
 1415 N. DUKE STREET, P.O. BOX 15627
 YORK, PA 17405-0156 . PHONE (717) 812-0759

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN. _____ AUTHORIZED SIGNATURE REQUIRED _____ TITLE _____ DATE _____

FORM 322 ANNUAL RECONCILIATION OF COMPENSATION TAX WITHHELD FROM WAGES FOR 2008

REMOVE HERE

EMPLOYER NAME AND ADDRESS	ACCOUNT NO.	NUMBER PACKAGES	QUARTERLY PAYMENTS BREAKDOWN	
			TOTAL COMPENSATION TAX REMITTED JAN 1-DEC. 31 AS REPORTED ON LINE 1, OF FORM FORM 319	
FEDERAL E.I.N.	1. QTR. ENDED 3/31	3. QTR. ENDED 9/30		
	\$	\$		
	2. QTR. ENDED 6/30	4. QTR. ENDED 12/31		
	\$	\$		
A. THE NUMBER OF W-2 RECORDS REPORTING LOCAL COMPENSATION TAX WITHHELD IS _____.		5. TOTAL TAX REMITTED SHOULD = ENTRY ON LINE 6.	\$	
B. ENCLOSE VERIFICATION OF THE TOTAL COMPENSATION TAX WITHHELD AS REPORTED ON THE W-2 RECORDS SUBMITTED TO THIS BUREAU. <u>EXAMPLE</u> : CALCULATOR TAPE OR COMPUTER REPORT. IF OVERPAID CHECK ONE <input type="checkbox"/> REFUND _____ <input type="checkbox"/> APPLY TO 2009 _____		6. TOTAL TAX WITHHELD AS REPORTED ON FORMS W-2.	\$	
C. CONTACT PERSON'S NAME (PRINT) _____		PHONE NO. _____		
D. ENCLOSE THE FORMS W-2 INFORMATION WITH THIS FORM 322.		FAX NO. _____		
		EMAIL _____		

YORK ADAMS TAX BUREAU
 1415 N. DUKE STREET, P.O. BOX 15627
 YORK, PA 17405-0156 . PHONE (717) 812-0759

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN. _____ AUTHORIZED SIGNATURE REQUIRED _____ TITLE _____ DATE _____