

FORM 322 ANNUAL RECONCILIATION OF COMPENSATION TAX WITHHELD FROM WAGES FOR 2009

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 2010 _____		6. TOTAL TAX WITHHELD AS REPORTED ON FORMS W-2.	\$	
C. CONTACT PERSON'S NAME (PRINT) _____		PHONE NO. _____	FAX NO. _____	EMAIL _____
D. ENCLOSE THE FORMS W-2 INFORMATION WITH THIS FORM 322.				

YORK ADAMS TAX BUREAU
 1405 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 _____

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