

**EMPLOYERS  
 ANNUAL RECONCILIATION  
 of Wisconsin Income Tax Withheld**

Business Name		
Legal Name		
Mailing Address - Street or PO Box		
City	State	Zip Code

Wisconsin Tax Account Number
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- Check here if this is an **AMENDED** return
- Check here if W-2c is included
- Check if address changed
- Check if business discontinued (enter discontinuation date below)

**Use BLACK INK Only                      DUE DATE:**



\_\_\_\_\_ (MM DD YYYY)

**Please complete this form if you have an active account even if you did not have employees this year.**

Federal Employer Identification Number
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**Print numbers like this → 0 1 2 3 4 5 6 7 8 9                      Not like this → 0 1 4 7                      NO COMMAS**

1. Enter the number of employee W-2s . . . . . **1** \_\_\_\_\_
2. Enter the number of 1099-MISCs . . . . . **2** \_\_\_\_\_
3. Enter the number of other informational returns . . . . . **3** \_\_\_\_\_
4. Total (Add lines 1, 2, and 3) . . . . . **4** \_\_\_\_\_
5. Total Wisconsin tax withheld shown on W-2s and other information returns . . . . . **5** \_\_\_\_\_
6. Wisconsin tax withheld according to payroll records for:
  - a. Quarter ended March 31 (Months of Jan, Feb, Mar) . . . . . 1<sup>st</sup> Qtr **6a** \_\_\_\_\_
  - b. Quarter ended June 30 (Months of Apr, May, June) . . . . . 2<sup>nd</sup> Qtr **6b** \_\_\_\_\_
  - c. Quarter ended September 30 (Months of July, Aug, Sept) . . . . . 3<sup>rd</sup> Qtr **6c** \_\_\_\_\_
  - d. Quarter ended December 31 (Months of Oct, Nov, Dec) . . . . . 4<sup>th</sup> Qtr **6d** \_\_\_\_\_
  - e. Total (Add lines 6a, 6b, 6c, and 6d) . . . . . TOTAL **6e** \_\_\_\_\_
7. Enter the amount from line 5 or 6e. If the amounts are not equal, enter the larger amount . . . . . **7** \_\_\_\_\_
8. Total withholding reported on Deposit Reports (Forms WT-6 or EFT) . . . . . **8** \_\_\_\_\_
9. If line 7 is more than line 8, enter the difference on line 9. This is the TAX AMOUNT DUE . . . . . **9** \_\_\_\_\_
10. If line 8 is more than line 7, enter the difference as the amount OVERPAID . . . . . **10** \_\_\_\_\_

**NOTE:** If you are an annual filer, payment should accompany this form.

Mail your return to: Wisconsin Department of Revenue PO Box 8981, Madison WI 53708-8981
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**Phone: (608) 266-2776**  
**Email: [dorwithholdingtax@revenue.wi.gov](mailto:dorwithholdingtax@revenue.wi.gov)**  
**Website: [revenue.wi.gov](http://revenue.wi.gov)**

*I hereby declare that this Reconciliation is true and complete to the best of my knowledge and belief.*

Contact Person (please print clearly)	Signature	Phone Number	Date
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