

**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

- 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) 1st Qtr **6a** _____
 - b. Quarter ended June 30 (Months of Apr, May, June) 2nd Qtr **6b** _____
 - c. Quarter ended September 30 (Months of July, Aug, Sept) 3rd Qtr **6c** _____
 - d. Quarter ended December 31 (Months of Oct, Nov, Dec) 4th 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

Phone: (608) 266-2776
Email: dorwithholdingtax@wisconsin.gov
Website: 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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