

EMPLOYERS ANNUAL RECONCILIATION of Wisconsin Income Tax Withheld From Wages



_____ |
Dept Use Only

Check here if this is an **AMENDED** return.

Check if address change.

Wisconsin Employer
Identification Number:

Federal Employer
Identification Number:

Due Date:

Calendar Year:

This form is to be completed only for the above named employer and only for the calendar year indicated. Please read the instructions carefully before completing this form. **Please complete this form even if you did not have employees this year.**

1. Enter the number of employee Wage and Tax Statements (W-2, 1099R, & W-2G) prepared for the calendar year indicated above ■ 1. _____
2. Total Wisconsin tax withheld shown on W-2's, 1099R's, & W-2G's ■ 2. _____
3. Wisconsin tax withheld according to payroll records for:
 - A. Quarter ended March 31 (Months of Jan, Feb, Mar) ■ 3A. _____
 - B. Quarter ended June 30 (Months of Apr, May, Jun) ■ 3B. _____
 - C. Quarter ended September 30 (Months of Jul, Aug, Sep) ■ 3C. _____
 - D. Quarter ended December 31 (Months of Oct, Nov, Dec) ■ 3D. _____
 - E. Total (Add lines 3A, 3B, 3C, and 3D) ■ 3E. _____
4. Enter the amount from line 2 or 3E
If amounts are not equal, enter the larger amount 4. _____
5. Total withholding reported on Deposit Reports (Forms WT-6 or EFT) 5. _____
6. If line 4 is more than line 5, enter the difference on line 6.
This is the TAX AMOUNT DUE 6. _____
7. If line 5 is more than line 4, enter the difference as the amount OVERPAID ■ 7. _____

If you owe money or are expecting a refund (line 6 or 7 is greater than 0), send this Reconciliation, attachments and explanation of how and why the difference occurred to:

Wisconsin Department of Revenue, PO Box 8981, Madison, WI 53708-8981

If line 4 equals line 5, send this Reconciliation and attachments to:

Wisconsin Department of Revenue, PO Box 8920, Madison, WI 53708-8920

Loc _____

For Department Use Only

- If you are an annual filer, payment should accompany this form.
 - Be sure to include copies of all wage and tax statements with your WT-7.
- These forms are: attached and/or submitted on magnetic media

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

Sign Here _____ Title _____ Telephone # _____ Date _____