

**RECONCILIATION OF QUARTERLY RETURNS OF OPELIKA
LICENSE FEE WITHHELD FROM WAGES (FORM O-1)
WITH WITHHOLDING STATEMENTS**

ORIGINAL

CITY OF OPELIKA, ALA.
REVENUE DEPARTMENT

FORM O-3

1. Total number of employees as represented by employee's statements (or list) transmitted herewith..... _____
2. Total Opelika license fee withheld from wages during calendar year as shown by employee's statements transmitted herewith..... _____ (A)

Name, address of employer

3. Total Opelika license fee withheld from wages as shown by line 5, Employer's Quarterly Return of License Fee Withheld. (Form O-1)
- Quarter ended March 31..... \$ _____
- Quarter ended June 30..... _____
- Quarter ended September 30..... _____
- Quarter ended December 31..... _____
- Total remitted for year (B)..... \$ _____

Ending 20

NOTE: Any discrepancy between the amounts shown on lines A and B must be fully explained in an attached statement. File original with CITY OF OPELIKA, REVENUE DEPT., P.O. BOX 390, OPELIKA, AL 36803-0390.

(Over)

If less than 16 employees, list correct information below; if more than 16 employees, list on a separate sheet of paper and attach to this form; or copies of Form W-2 may be attached.

Social Security No.	Name	Address	Gross Pay	1 1/2% Withheld

INSTRUCTIONS

The original of this reconciliation form must be filed with the City CLERK, CITY OF OPELIKA, ALABAMA, January 31. This form must be accompanied by copies of employee's statements showing: 1) name and address of employee; 2) social security number; 3) gross earnings paid before any payroll deductions; 4) amount of Opelika license fee withheld.