

# RECONCILIATION OF BROWNSVILLE PAYROLL TAX WITHHELD

During Year Ended 19.....

TYPE OR PRINT IN THIS SPACE EMPLOYER'S NAME  
AND ADDRESS OF PRINCIPAL PLACE OF BUSINESS

1. Total number employees listed hereon \_\_\_\_\_  
 2. Total Brownsville Tax withheld \_\_\_\_\_  
     Quarter ended Mar. 31, \_\_\_\_\_  
     Quarter ended June 30, \_\_\_\_\_  
     Quarter ended Sept. 30, \_\_\_\_\_  
     Quarter ended Dec. 31, \_\_\_\_\_  
     Total remitted for year \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Federal Identification Number \_\_\_\_\_

SOCIAL SECURITY NO.	NAME OF EMPLOYEE	Gross Wages Paid	City Payroll Tax Withheld
If report is completed on this page total here .....		\$	\$

(If not complete on this page, attach extra sheets on plain paper)