



EMPLOYER WITHHOLDING TAX RETURN

- City of Miamisburg**
- Dayton Mall JEDD**
- Austin Center JEDD**

EXAMINE THESE DOCUMENTS

This book contains 24 employer withholding tax Forms W-1, 1 year end reconciliation Form W-3

PLEASE CHECK THEM FOR ACCURACY AND COMPLETENESS

PLEASE PRINT OR TYPE:

YOUR BUSINESS NAME

ADDRESS

CONTACT PHONE
NUMBER

FEDERAL ID NUMBER

LOCAL ACCOUNT
NUMBER

REPORT ANY ERRORS

In writing to:

CITY OF MIAMISBURG
INCOME TAX DEPARTMENT
10 N. FIRST ST.
MIAMISBURG, OH 45342

DO NOT REMOVE THIS COUPON. RETAIN IT AS A PERMANENT RECORD OF YOUR ACCOUNT NUMBER.

CHANGE OF EMPLOYER STATUS

Please use this form to report any changes of mailing address, name merger information, or out of business information

FEDERAL EMPLOYER'S I.D. NO.

LOCAL ACCOUNT NUMBER

- City of Miamisburg
- Dayton Mall JEDD
- Austin Center JEDD

Mail to:
CITY OF MIAMISBURG
INCOME TAX DEPARTMENT
10 N. FIRST ST.
MIAMISBURG, OH 45342

BUSINESS NAME
OWNER'S NAME
NEW MAILING ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER

INSTRUCTIONS FOR COMPLETING EMPLOYER WITHHOLDING
FORM W-1

1. Return coupons in this book are preprinted with a Withholding Tax Period. Please use the return which corresponds to the period for which you are filing.
2. Line 1 reflects total number of employees for which you are reporting.
3. Line 2 reflects gross wages paid during the corresponding period.
4. Line 3 reflects entity income tax withheld for the period.
5. Line 4 may reflect either a positive or negative adjustment. (Attach explanation)
6. Line 5 reflects any penalty/interest applicable to late payment.
7. Line 6 is the total amount due.
8. Monthly/quarterly payment mailing address: PO Box 6401415
Cincinnati, OH 45264-1415
9. Reconciliations, reconciliation payments, all correspondence mailing address: 10 N. First St.
Miamisburg, OH 45342

Courtesy

Reciprocal

City of Miamisburg
P.O. Box 6401415
Cincinnati, Ohio 45264-1415

City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 1

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to applicable Income Tax Ordinances and the Regulations issued under the authority thereof.

(Corporation, Business or Trade Name)

Signed _____ Date _____

Enter Your F.E.I.N. here.

- City of Miamisburg
- Dayton Mall JEDD
- Austin Center JEDD

Name and address imprinted above are as shown by our records. If incorrect or if space is blank please print your business name and address as you wish them to show on our records.

1. TOTAL NUMBER OF EMPLOYEES	
2. WAGES SUBJECT TO ENTITY TAX	\$
3. TAX WITHHELD DURING PERIOD	\$
4. ADJUSTMENT TO PRIOR RETURN explanation required	\$
5. PENALTY & INTEREST	\$
6. TOTAL DUE	\$

Courtesy

Reciprocal

City of Miamisburg
P.O. Box 6401415
Cincinnati, Ohio 45264-1415

City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 2

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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Signed _____ Date _____

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3. TAX WITHHELD DURING PERIOD	\$
4. ADJUSTMENT TO PRIOR RETURN explanation required	\$
5. PENALTY & INTEREST	\$
6. TOTAL DUE	\$

Courtesy

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 3

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

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AMOUNT: _____

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6. TOTAL DUE	\$

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 4

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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6. TOTAL DUE	\$

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 5

TAX RATE 2.25%

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CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 6

TAX RATE 2.25%

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CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
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Voucher # 7

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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Voucher # 8

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
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Voucher # 9

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
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Voucher # 10

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
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Voucher # 11

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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Voucher # 12

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

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CHECK #: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
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Voucher # 13

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

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6. TOTAL DUE	\$

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City of Miamisburg
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Cincinnati, Ohio 45264-1415

City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 14

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
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Voucher # 15

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 16

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to applicable Income Tax Ordinances and the Regulations issued under the authority thereof.

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 17

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 18

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 19

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY
FILED: _____
CHECK #: _____
AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 20

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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6. TOTAL DUE	\$

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 21

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 22

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

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5. PENALTY & INTEREST	\$
6. TOTAL DUE	\$

Courtesy

Reciprocal

City of Miamisburg
P.O. Box 6401415
Cincinnati, Ohio 45264-1415

City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 23

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to applicable Income Tax Ordinances and the Regulations issued under the authority thereof.

(Corporation, Business or Trade Name)

Signed _____ Date _____

Enter Your F.E.I.N. here.

- City of Miamisburg
- Dayton Mall JEDD
- Austin Center JEDD

Name and address imprinted above are as shown by our records. If incorrect or if space is blank please print your business name and address as you wish them to show on our records.

1. TOTAL NUMBER OF EMPLOYEES	
2. WAGES SUBJECT TO ENTITY TAX	\$
3. TAX WITHHELD DURING PERIOD	\$
4. ADJUSTMENT TO PRIOR RETURN explanation required	\$
5. PENALTY & INTEREST	\$
6. TOTAL DUE	\$

Courtesy

Reciprocal

City of Miamisburg
P.O. Box 6401415
Cincinnati, Ohio 45264-1415

City of Miamisburg
RETURN OF INCOME TAX WITHHELD
on salaries, wages, and other compensation

Voucher # 24

TAX RATE 2.25%

FOR TAX OFFICE USE ONLY

FILED: _____

CHECK #: _____

AMOUNT: _____

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to applicable Income Tax Ordinances and the Regulations issued under the authority thereof.

(Corporation, Business or Trade Name)

Signed _____ Date _____

Enter Your F.E.I.N. here.

- City of Miamisburg
- Dayton Mall JEDD
- Austin Center JEDD

Name and address imprinted above are as shown by our records. If incorrect or if space is blank please print your business name and address as you wish them to show on our records.

1. TOTAL NUMBER OF EMPLOYEES	
2. WAGES SUBJECT TO ENTITY TAX	\$
3. TAX WITHHELD DURING PERIOD	\$
4. ADJUSTMENT TO PRIOR RETURN explanation required	\$
5. PENALTY & INTEREST	\$
6. TOTAL DUE	\$

INSTRUCTIONS FOR COMPLETING RECONCILIATION OF TAXES WITHHELD

Every employer who is required to prepare Form W-3, Combined W-2 or 1099 Wages & Tax Statement must file a reconciliation of Income Tax Withheld.

Completing and Filing Form W-1 does not fulfill your filing requirements.

The Annual Reconciliation with attached detail employee records must be filed by February 28 or no later than 30 days after discontinuation of business.

Any applicable refund of overpayment must be requested under separate cover with full documentation.

MAILING ADDRESS

CITY OF MIAMISBURG
INCOME TAX DEPARTMENT
10 N. FIRST ST.
MIAMISBURG, OH 45342

Courtesy Withholding

Final Return Yes

ANNUAL RECONCILIATION – CALENDAR YEAR _____

MAIL TO: CITY OF MIAMISBURG

Dept. Of Taxation

10 N. First St.

Miamisburg, Ohio 45342

City of Miamisburg

Dayton Mall JEDD

Austin Center JEDD

PAYMENT HISTORY

FORM W-3

I HEREBY CERTIFY THAT THE INFORMATION & STATEMENTS CONTAINED HEREIN ARE TRUE & CORRECT

BY _____ DATE _____

SUBMIT BY FEBRUARY 28 – W-2'S MUST BE ATTACHED

Print or Type YOUR NAME, ADDRESS & CONTACT PHONE NUMBER HERE including ACCOUNT NUMBER.

THIS FORM NOT TO BE USED FOR REFUND OR CARRY-OVER REQUEST

JANUARY	JANUARY
FEBRUARY	FEBRUARY
MARCH	MARCH
1 st QUARTER	
APRIL	APRIL
MAY	MAY
JUNE	JUNE
2 nd QUARTER	

JULY	JULY
AUGUST	AUGUST
SEPTEMBER	SEPTEMBER
3 rd QUARTER	
OCTOBER	OCTOBER
NOVEMBER	NOVEMBER
DECEMBER	DECEMBER
4 th QUARTER	

NUMBER OF EMPLOYEES
TOTAL PAID
TAX WITHHELD
BALANCE DUE

TAXPAYER'S PAYMENT RECORD

MONTH	LIABILITY	PAYMENT DATE	PAYMENT	MONTH	LIABILITY	PAYMENT DATE	PAYMENT
JAN				JUL			
JAN				JUL			
FEB				AUG			
FEB				AUG			
MAR				SEP			
MAR				SET			
APR				OCT			
APR				OCT			
MAY				NOV			
MAY				NOV			
JUN				DEC			
JUN				DEC			
TOTAL				TOTAL			