

EMPLOYER WITHHOLDING TAX RETURN

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

EXAMINE THESE DOCUMENTS

This book contains 12 employer withholding tax Forms W-1, 1 year end reconciliation Form W-3

PLEASE CHECK THEM FOR ACCURACY AND COMPLETENESS

PLEASE PRINT OR TYPE:

REPORT ANY ERRORS

YOUR BUINESS NAME In writing to:

ADDRESS

CONTACT PHONE NUMBER

FEDERAL ID NUMBER

LOCAL ACCOUNT NUMBER.

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

CITY OF MIAMISBURG INCOME TAX DEPARTMENT

MIAMISBURG, OH 45342

10 N. FIRST ST.

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.	☐ City of Miamisburg	BUSINESS NAME
		☐ Dayton Mall JEDD☐ Austin Center JEDD	OWNER'S NAME
	LOCAL ACCOUNT NUMBER		NEW MAILING ADDRESS
			CITY
	Mail to:	-	STATE
	CITY OF MIAMISBURG		ZIP CODE
10 N. FIRST ST. MIAMISBURG, OH 45342			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.
- 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
- Reconciliations, reconciliation payments, all correspondence mailing address: 10 N. First St. Miamisburg, OH 45342

☐ Courtesy ☐ Reciprocal					Form W-
P.O. Box 6401415 RETURN OF I	ty of Miamisburg NCOME TAX WITHI ges, and other compensa		Voucher # 1 DUE FEBRUARY 15 TAX RATE 2.25%	FI	OR TAX OFFICE USE ONLY LED: HECK #: MOUNT:
I declare that this return has been examined by me, and to the bes a true, correct and complete return, made in good faith, pursu Ordinances and the Regulations issued under the authority thereof	ant to applicable Income Tax	1. TOTAL NU	JMBER OF EMPLOYEES		
(Corporation, Business or Trade Nan	ne)	2. WAGES S	SUBJECT TO ENTITY TAX	\$	
Signed	Date		IHELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.		4. ADJUSTM explanatio	IENT TO PRIOR RETURN n required	\$	
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	& INTEREST	\$	
Name and address imprinted above are as shown by our records. please print your business name and address as you wish them to	If incorrect or if space is blank show on our records.	6. TOTAL DU	JE	\$	

☐ Courtesy ☐ Reciprocal				F	orm W-
P.O. Box 6401415 RETURN OF II	y of Miamisburg NCOME TAX WITHI ges, and other compensa		Voucher # 2 DUE MARCH 15 TAX RATE 2.25%	FOR TAX OFFICE USE (FILED: CHECK #: AMOUNT:	
I declare that this return has been examined by me, and to the best a true, correct and complete return, made in good faith, pursua Ordinances and the Regulations issued under the authority thereof.	ant to applicable Income Tax	1. TOTAL N	UMBER OF EMPLOYEES		
(Corporation, Business or Trade Nam	ne)	2. WAGES S	SUBJECT TO ENTITY TAX	\$	
Signed	Date		HHELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.			MENT TO PRIOR RETURN on required	\$	
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	' & INTEREST	\$	
Name and address imprinted above are as shown by our records. please print your business name and address as you wish them to	If incorrect or if space is blank show on our records.	6. TOTAL D	UE	\$	

☐ Courtesy ☐ Reciprocal					Form W-
P.O. Box 6401415 RETURN OF I	ry of Miamisburg NCOME TAX WITHI ges, and other compensa		Voucher # 3 DUE APRIL 15 TAX RATE 2.25%	F	OR TAX OFFICE USE ONLY ILED: :HECK #: MOUNT:
I declare that this return has been examined by me, and to the best a true, correct and complete return, made in good faith, pursua Ordinances and the Regulations issued under the authority thereof.	ant to applicable Income Tax	1. TOTAL NU	JMBER OF EMPLOYEES		
(Corporation, Business or Trade Nam	ne)	2. WAGES S	SUBJECT TO ENTITY TAX	\$	
Signed	Date		IHELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.		4. ADJUSTM explanatio	IENT TO PRIOR RETURN n required	\$	
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	& INTEREST	\$	
Name and address imprinted above are as shown by our records. please print your business name and address as you wish them to	If incorrect or if space is blank show on our records.	6. TOTAL DU	JE	\$	

□ Courtesy □ Reciprocal					Form W-
P.O. Box 6401415 RETURN OF	City of Miamisburg INCOME TAX WITHI rages, and other compensa		Voucher # 4 DUE MAY 15 TAX RATE 2.25%	F	FOR TAX OFFICE USE ONLY FILED: CHECK #: AMOUNT:
I declare that this return has been examined by me, and to the beat true, correct and complete return, made in good faith, pure Ordinances and the Regulations issued under the authority there	suant to applicable Income Tax	1. TOTAL N	UMBER OF EMPLOYEES		
(Corporation, Business or Trade N	ame)	2. WAGES	SUBJECT TO ENTITY TAX	\$	
Signed	Date		HHELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.			MENT TO PRIOR RETURN on required	\$	
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	/ & INTEREST	\$	
Name and address imprinted above are as shown by our record please print your business name and address as you wish them	II s. If incorrect or if space is blank to show on our records.	6. TOTAL D	UE	\$	

□ Courtesy □ Reciprocal				 Form W-
P.O. Box 6401415 RETURN OF	ity of Miamisburg INCOME TAX WITHI ages, and other compensa		Voucher # 5 DUE JUNE 15 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 be a true, correct and complete return, made in good faith, purs Ordinances and the Regulations issued under the authority thereo	uant to applicable Income Tax	1. TOTAL N	UMBER OF EMPLOYEES	
(Corporation, Business or Trade Na	me)	2. WAGES S	SUBJECT TO ENTITY TAX	\$
Signed	Date		HHELD DURING PERIOD	\$
Enter Your F.E.I.N. here.			MENT TO PRIOR RETURN on required	\$
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	& INTEREST	\$
Name and address imprinted above are as shown by our records please print your business name and address as you wish them t	II s. If incorrect or if space is blank to show on our records.	6. TOTAL D	UE	\$

□ Courtesy □ Reciprocal					Form W-
P.O. Box 6401415 RETURN OF	ity of Miamisburg INCOME TAX WITHI ages, and other compensa		Voucher # 6 DUE JULY 15 TAX RATE 2.25%	FILE	TAX OFFICE USE ONLY CCK #: DUNT:
I declare that this return has been examined by me, and to the be a true, correct and complete return, made in good faith, purs Ordinances and the Regulations issued under the authority thereo	suant to applicable Income Tax	1. TOTAL N	IUMBER OF EMPLOYEES		
(Corporation, Business or Trade Na	ume)	2. WAGES	SUBJECT TO ENTITY TAX	\$	
Signed	Date		HHELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.			MENT TO PRIOR RETURN on required	\$	
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALT	Y & INTEREST	\$	
Name and address imprinted above are as shown by our records please print your business name and address as you wish them t	II s. If incorrect or if space is blank o show on our records.	6. TOTAL D	UE	\$	

□ Courtesy □ Reciprocal					Form W-
P.O. Box 6401415 RETURN OF	City of Miamisburg INCOME TAX WITHI ages, and other compensa		Voucher # 7 DUE AUGUST 15 TAX RATE 2.25%	FILE	TAX OFFICE USE ONLY CCK #: DUNT:
I declare that this return has been examined by me, and to the be a true, correct and complete return, made in good faith, purs Ordinances and the Regulations issued under the authority there	suant to applicable Income Tax	1. TOTAL N	UMBER OF EMPLOYEES		
(Corporation, Business or Trade Na	ame)	2. WAGES S	SUBJECT TO ENTITY TAX	\$	
Signed	Date		HHELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.			MENT TO PRIOR RETURN on required	\$	
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	' & INTEREST	\$	
Name and address imprinted above are as shown by our record please print your business name and address as you wish them to	II s. If incorrect or if space is blank to show on our records.	6. TOTAL DI	UE	\$	

☐ Courtesy ☐ Reciprocal					Form W-
P.O. Box 6401415 RETURN OF I	ty of Miamisburg NCOME TAX WITHI ges, and other compensa		Voucher # 8 DUE SEPTEMBER 15 TAX RATE 2.25%	FILE	R TAX OFFICE USE ONLY ED: ECK #: DUNT:
I declare that this return has been examined by me, and to the best a true, correct and complete return, made in good faith, pursu. Ordinances and the Regulations issued under the authority thereof.	ant to applicable Income Tax	1. TOTAL NU	JMBER OF EMPLOYEES		
(Corporation, Business or Trade Nam	ne)	2. WAGES S	UBJECT TO ENTITY TAX	\$	
Signed	Date		HELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.		4. ADJUSTM explanation	ENT TO PRIOR RETURN n required	\$	
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	& INTEREST	\$	
Name and address imprinted above are as shown by our records, please print your business name and address as you wish them to	If incorrect or if space is blank show on our records.	6. TOTAL DU	JE	\$	

☐ Courtesy ☐ Reciprocal				Form V	N-
P.O. Box 6401415 RETURN OF	City of Miamisburg INCOME TAX WITHI Jages, and other compensa		Voucher # 9 DUE OCTOBER 15 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 b a true, correct and complete return, made in good faith, pur Ordinances and the Regulations issued under the authority there	suant to applicable Income Tax	1. TOTAL N	UMBER OF EMPLOYEES		
(Corporation, Business or Trade N	ame)	2. WAGES S	SUBJECT TO ENTITY TAX	\$	
Signed	Date		HHELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.			MENT TO PRIOR RETURN on required	\$	
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	& INTEREST	\$	
Name and address imprinted above are as shown by our record please print your business name and address as you wish them	II s. If incorrect or if space is blank to show on our records.	6. TOTAL DI	UE	\$	

☐ Courtesy ☐ Reciproca	al				Form W-
	City of Miamisburg N OF INCOME TAX WITHI aries, wages, and other compensa		Voucher # 10 DUE NOVEMBER 15 TAX RATE 2.25%	FIL	R TAX OFFICE USE ONLY ED: IECK #: IOUNT:
I declare that this return has been examined by me, and a true, correct and complete return, made in good fa Ordinances and the Regulations issued under the author	aith, pursuant to applicable Income Tax	1. TOTAL NU	JMBER OF EMPLOYEES		
(Corporation, Business or	Trade Name)	2. WAGES S	SUBJECT TO ENTITY TAX	\$	
Signed	Date		HELD DURING PERIOD	\$	
Enter Your F.E.I.N. here.	City of Miamisburg	ADJUSTM explanation	IENT TO PRIOR RETURN n required	\$	
	Dayton Mall JEDD Austin Center JEDD	5. PENALTY	& INTEREST	\$	
Name and address imprinted above are as shown by our please print your business name and address as you wis	 ur records. If incorrect or if space is blank sh them to show on our records.	6. TOTAL DU	JE	\$	

☐ Courtesy ☐ Reciprocal				Form W-
	City of Miamisburg OF INCOME TAX WITHINGS, wages, and other compensa		Voucher # 11 DUE DECEMBER 15 TAX RATE 2.25%	FOR TAX OFFICE USE ONLY FILED: CHECK #: AMOUNT:
I declare that this return has been examined by me, and to a true, correct and complete return, made in good faith Ordinances and the Regulations issued under the authority	, pursuant to applicable Income Tax	1. TOTAL NU	MBER OF EMPLOYEES	
(Corporation, Business or Tra	de Name)	2. WAGES SI	UBJECT TO ENTITY TAX	\$
Signed	Date		HELD DURING PERIOD	\$
Enter Your F.E.I.N. here.		4. ADJUSTMI explanation	ENT TO PRIOR RETURN n required	\$
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	& INTEREST	\$
Name and address imprinted above are as shown by our ruplease print your business name and address as you wish t	ll ecords. If incorrect or if space is blank hem to show on our records.	6. TOTAL DU	E	\$

☐ Courtesy ☐ Reciprocal				Form W-
P.O. Box 6401415 RETURN OF I	City of Miamisburg RETURN OF INCOME TAX WITHHELD on salaries, wages, and other compensation			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.		1. TOTAL N	IUMBER OF EMPLOYEES	
(Corporation, Business or Trade Nam	ne)	2. WAGES	SUBJECT TO ENTITY TAX	\$
Signed Date		3. TAX WITI	HHELD DURING PERIOD	\$
Enter Your F.E.I.N. here.			MENT TO PRIOR RETURN on required	\$
	☐ City of Miamisburg ☐ Dayton Mall JEDD ☐ Austin Center JEDD	5. PENALTY	Y & INTEREST	\$
Name and address imprinted above are as shown by our records, please print your business name and address as you wish them to	If incorrect or if space is blank show on our records.	6. TOTAL D	UE	\$

INSTRUCTIONS FOR COMPLETING RECONCILIATION OF TAXES WITHHELD

business.

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

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 Re	oturn Use	PAYMENT	HISTORY	FORM W-
ANNUAL RECONCILIATION – C	_	JANUARY	JULY	NUMBER OF EMPLOYEES
MAIL TO: CITY OF MIAMISBURG				
Dept. Of Taxation	City of Miamisburg	FEBRUARY	AUGUST	
10 N. First St.	□ Dayton Mall JEDD			
Miamisburg, Ohio 45342	☐ Austin Center JEDD	MARCH	SEPTEMBER	TOTAL PAID
I HEREBY CERTIFY THAT THE INFORMATION & STATEMENTS	CONTAINED HEREIN ARE TRUE & CORRECT			
BY	DATE	1 st QUARTER	3 rd QUARTER	
SUBMIT BY FEBRUARY 28 - V	V-2'S MUST BE ATTACHED	APRIL	OCTOBER	TAX WITHHELD
Print or Type YOUR NAME, ADDRESS &	CONTACT PHONE NUMBER HERE			
including ACCOUNT NUMBER.		MAY	NOVEMBER	
		JUNE	DECEMBER	BALANCE DUE
		2 nd QUARTER	4 th QUARTER	
THIS FORM NOT TO BE USED FOR REFUND	OR CARRY-OVER REQUEST			

TAXPAYER'S PAYMENT RECORD

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