



CITY OF KETTERING

TAX DIVISION

P.O. BOX 293100, KETTERING, OH 45429-9100
PHONE: (937) 296-2502 • FAX: (937) 296-3242
www.ketteringoh.org

Only courtesy withholders or employers that qualify for one or more of the exceptions to the electronic filing requirements may use this form to remit withholding tax due.

FORM KW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

Table with 3 columns: FILING PERIOD, DUE ON OR BEFORE, ACCOUNT NUMBER

- 1. Compensation Subject to Kettering Tax \$
2. Tax Withheld (2.25%)
3. Adjustments (Explain in space provided below.)
4. Balance Due \$
Make checks payable to the City of Kettering.

Business Name:
Address:
City/State/Zip:

Courtesy Withholding
Your business performs no work in the City of Kettering and you are withholding Kettering tax as a courtesy to your employee who resides in Kettering.
Amended Return
Final Return

Federal I.D. Number

I hereby certify that the information and statements contained herein are true and correct.

(Signature of Responsible Officer/Date)
(Print Name of Responsible Officer)

If line 3, ADJUSTMENTS, was completed above, provide explanation here:

If this is an AMENDED RETURN, as indicated above, provide explanation here:

If this is a FINAL RETURN as indicated above, provide additional information:

Out of Business effective date Merged effective date Other provide explanation

Survivor's or New Owner's Name and Address

Survivor's or New Owner's Federal Identification Number

Will you reconcile tax withheld now? Or with surviving corporation?