



CITY OF KETTERING

Income Tax Division
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EMPLOYER MONTHLY RETURN OF CITY TAX WITHHELD (FORM KW1)

Tax Year		
Period Ending Date		
Due Date		
FEIN		
Account Number		
1. Total Wages Subject To Kettering Tax		\$
2. Kettering Tax Withheld (Rate 2.25%)		
3. Adjustments (explain in space provided below)		
4. Total Due		\$

Business Name, Address, City, State, Postal Code	Tax Rate: 2.25%
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Courtesy Withholding	<input type="checkbox"/>
Amended Return	<input type="checkbox"/>
Final Return	<input type="checkbox"/>
(If amended or final, please explain below)	

<hr/> Responsible Officer Signature _____	<hr/> Date _____	<hr/> Responsible Officer Name (Please Print) _____
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Line 3 Adjustments (Please explain here): _____

Amended Return (Please explain here): _____

Final Return (Please provide additional information:

Out of Business: Merged: Other: _____
Effective Date: _____ Effective Date: _____ Effective Date: _____

Survivor / New Owner Name and Address: _____

Survivor / New Owner FEIN _____

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