



## **EMPLOYER WITHHOLDING TAX RETURN**

- City of Miamisburg**
- Miami Crossing JEDD**
- Austin Center JEDD**

EXAMINE THESE DOCUMENTS

This book contains 4 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**
- Miami Crossing 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 639769  
Cincinnati, OH 45263-9769
9. Reconciliations, reconciliation payments, all correspondence mailing address: 10 N. First St.  
Miamisburg, OH 45342

Courtesy

Reciprocal

City of Miamisburg  
P.O. Box 639769  
Cincinnati, Ohio 45263-9769

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

Voucher # 1  
DUE APRIL 30  
**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
- Miami Crossing 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 639769  
Cincinnati, Ohio 45263-9769

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

Voucher # 2  
DUE JULY 31  
**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
- Miami Crossing 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

Form W-1

City of Miamisburg  
P.O. Box 639769  
Cincinnati, Ohio 45263-9769

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

Voucher # 3  
DUE OCTOBER 31  
**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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- City of Miamisburg  
 Miami Crossing 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 639769  
Cincinnati, Ohio 45263-9769

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

Voucher # 4  
DUE JANUARY 31  
**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
- Miami Crossing 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

Miami Crossing JEDD

Austin Center JEDD

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**

## PAYMENT HISTORY

## FORM W-3

JANUARY	JULY	NUMBER OF EMPLOYEES
FEBRUARY	AUGUST	
MARCH	SEPTEMBER	TOTAL PAID
1 <sup>st</sup> QUARTER	3 <sup>rd</sup> QUARTER	
APRIL	OCTOBER	TAX WITHHELD
MAY	NOVEMBER	BALANCE DUE
JUNE	DECEMBER	
2 <sup>nd</sup> QUARTER	4 <sup>th</sup> QUARTER	

## TAXPAYER'S PAYMENT RECORD

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