

CITY OF WILMINGTON, OHIO -WITHHOLDING TAX RECONCILIATION FOR 2023

SUBMIT BY FEBRUARY 28, 2024.

Phone: 937-382-1880

Fax: 937-382-3550

Email: citytax@wilmingtonoh.org

Mail To: WILMINGTON INCOME TAX BUREAU P. O. BOX 786 WILMINGTON OH, 45177

1. TOTAL NUMBER OF TAXABLE EMPLOYEES _____ NUMBER OF W-2'S ATTACHED _____

Courtesy Withholding: Yes or No

2. TOTAL WILMINGTON PAYROLL FOR THE YEAR \$ _____

3. LESS PAYROLL NOT SUBJECT TO TAX **must explain** \$ _____

2023 PAYMENTS:

4. PAYROLL SUBJECT TO TAX \$ _____

Quarter 1: JAN-FEB-MAR: \$ _____

5. WITHHOLDING TAX LIABILITY AT 1.5% OF LINE 4 \$ _____

Quarter 2: APR-MAY-JUN: \$ _____

6. TOTAL INCOME TAX WITHHELD FROM WAGES \$ _____

Quarter 3: JULY-AUG-SEP: \$ _____

7. REFUND \$ _____ CARRYOVER TO 2024 \$ _____

Quarter 4: OCT-NOV-DEC: \$ _____

No taxes or credits of less than \$10.00 shall be collected or refunded.

FED ID: _____ ACCOUNT: _____

TOTAL FOR THE YEAR: \$ _____

RECONCILIATION INSTRUCTIONS

If item 7 below indicates overpayments and refund is desired attach explanation and request to this form. If additional tax due is indicated, attach payment when filling.

The tax ordinance requires the annual preparation and filling of this report from all employers' subjects to tax. Reports must be completed and mailed on or before FEBRUARY 28, to the WILMINGTON INCOME TAX BUREAU, P.O. BOX 786 WILMINGTON OH 45177.

Other information required to be submitted with this report is the name and address of each employee completely, or only in part, subject to tax during this year, the total gross earnings of each such employee and the amount of Wilmington tax withheld from those earnings.

Employers desiring to submit commercially reproduced copies of Federal Forms W-2 or electronic reproduction bearing the required information in either card of listing form may do so.

-----PLEASE ATTACH W-2'S-----

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

WILMINGTON INCOME TAX BUREAU

P. O. BOX 786
69 N SOUTH STREET
WILMINGTON, OH 45177

PHONE: 937-382-1880
FAX: 937-382-3550

FED ID: _____ ACCOUNT: _____

ATTACHED IS OUR CHECK MADE PAYABLE TO THE CITY OF WILMINGTON IN THE SUM OF \$ _____

REPRESENTING PAYMENT OF TAXES WITHHELD FROM OUR EMPLOYEES FOR THE MONTHS LISTED BELOW:

NUMBER OF EMPLOYEES: _____

DUE ON OR BEFORE: APRIL 30, 2024

FOR THE MONTHS OF: JANUARY, FEBRUARY, MARCH

SIGNED _____

OFFICIAL TITLE _____

I HEARBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

WILMINGTON INCOME TAX BUREAU

P. O. BOX 786
69 N SOUTH STREET
WILMINGTON, OH 45177

PHONE: 937-382-1880
FAX: 937-382-3550

FED ID: _____ **ACCOUNT:** _____

ATTACHED IS OUR CHECK MADE PAYABLE TO THE CITY OF WILMINGTON IN THE SUM OF \$ _____

REPRESENTING PAYMENT OF TAXES WITHHELD FROM
OUR EMPLOYEES FOR THE MONTHS LISTED BELOW:

NUMBER OF EMPLOYEES: _____

DUE ON OR BEFORE: **JULY 31, 2024**

FOR THE MONTHS OF: APRIL, MAY, JUNE

SIGNED _____

OFFICIAL _____
TITLE I HEARBY CERTIFY THAT THE INFORMATION AND
STATEMENTS CONTAINED ARE TRUE AND CORRECT

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

WILMINGTON INCOME TAX BUREAU

P. O. BOX 786
69 N SOUTH STREET
WILMINGTON, OH 45177

PHONE: 937-382-1880
FAX: 937-382-3550

FED ID: _____ **ACCOUNT:** _____

ATTACHED IS OUR CHECK MADE PAYABLE TO THE CITY OF WILMINGTON IN THE SUM OF \$ _____

REPRESENTING PAYMENT OF TAXES WITHHELD FROM
OUR EMPLOYEES FOR THE MONTHS LISTED BELOW:

NUMBER OF EMPLOYEES: _____

DUE ON OR BEFORE: **OCTOBER 31, 2024**

FOR THE MONTHS OF: JULY, AUGUST, SEPTEMBER

SIGNED _____

OFFICIAL _____
TITLE I HEARBY CERTIFY THAT THE INFORMATION AND
STATEMENTS CONTAINED ARE TRUE AND CORRECT

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

WILMINGTON INCOME TAX BUREAU

P. O. BOX 786
69 N SOUTH STREET
WILMINGTON, OH 45177

PHONE: 937-382-1880
FAX: 937-382-3550

FED ID: _____ **ACCOUNT:** _____

ATTACHED IS OUR CHECK MADE PAYABLE TO THE CITY OF WILMINGTON IN THE SUM OF \$ _____

REPRESENTING PAYMENT OF TAXES WITHHELD FROM
OUR EMPLOYEES FOR THE MONTHS LISTED BELOW:

NUMBER OF EMPLOYEES: _____

DUE ON OR BEFORE: **JANUARY 30, 2025**

FOR THE MONTHS OF: OCTOBER, NOVEMBER, DECEMBER

SIGNED _____

OFFICIAL _____
TITLE I HEARBY CERTIFY THAT THE INFORMATION AND
STATEMENTS CONTAINED ARE TRUE AND CORRECT