FORM W1 **EMPLOYER'S WITHHOLDING FORM QUARTERLY/MONTHLY** TAX YEAR 20__

1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. Taxable Earnings (from line 2)	3	
4. Actual Tax Withheld at 2.0%	4	
5. Adjustments of Tax for Prior Period	5	
6. Total (Include Interest and Penalty if Due)	6	

PERIOD

QUARTERLY

__ **JAN THRU MARCH DUE 04/30**
__ **APRIL THRU JUNE DUE 07/31**
__ **JULY THRU SEPT. DUE 10/31**
__ **OCT. THRU DEC. DUE 01/31**

MONTHLY
Due Date 15th of the following month
MONTH END _____

I hereby certify that the information and statements contained here in and in any schedules attached are true and correct.

Signed _____
Title _____ Date _____
Phone #_____

Name TAX ID:

And

Address

MAKE CHECK OR MONEY ORDER TO:
CITY OF READING
EARNINGS TAX ACCOUNT
PO BOX 632119
CINCINNATI OH 45263-2119
Phone (513) 733-0300 Fax (513) 842-1016

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS