CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT
828 WHEELING AVENUE
CAMBRIDGE, OHIO 43725-2596
(740) 439-2355

Forms W-1 (Quarterly Statement)
Form W-3 (Annual Reconciliation)

IMPORTANT

[redacted]

This packet contains withholding tax forms you are required to file.

The rate for 2026 is 2% (.02)

PLEASE DO NOT DESTROY – IMPORTANT TAX FORMS

[redacted]

Dear Employer:

This is your 2026 Employer's Quarterly Return of Tax Withheld package. Included are four quarterly forms for your filing requirement. We have also included the Employer Reconciliation of Income Tax Withheld for 2026. **These will not be sent each quarter. Please keep for further payments.**

If you have any questions regarding the below forms, please contact us at 828 WHEELING AVENUE, Cambridge, Ohio 43725-2596. If you wish to contact by telephone, our number is (740) 439-2355. These forms are also available on-line at **www.cambridgeoh.org** click on the City Government/Treasurer's Link.

Sincerely,

INCOME TAX ADMINISTRATOR

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS TAX RATE 2.0% EFFECTIVE 1/1/2010 □ AMENDED

FORM W-1 **EMPLOYER'S RETURN OF TAX WITHHELD**
CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT **2026**
828 WHEELING AVENUE
CAMBRIDGE, OHIO 43725-2596
TELEPHONE (740) 439-2355

FOR QUARTERLY PERIOD
JANUARY, FEBRUARY, MARCH

DUE ON OR BEFORE
APRIL 15, 2026

ACCT. # _____ FID #_____

NAME AND ADDRESS

1. Total wages subject to Cambridge Tax	$
2. Cambridge taxes due @ 2.0%	$
3. Adjustment to prior return	$
4. Penalty	$
5. Interest	$
6. Total Balance/Due	$
7. Amount Paid	$

Is this a courtesy withholding? □ Yes □ No

Is this a final return? □ Yes □ No

If yes, attach explanation

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

Signature_____Date_____/____/_____

Phone #_____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS TAX RATE 2.0% EFFECTIVE 1/1/2010 □ AMENDED

FORM W-1 **EMPLOYER'S RETURN OF TAX WITHHELD**

CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT **2026**
828 WHEELING AVENUE
CAMBRIDGE, OHIO 43725-2596
TELEPHONE (740) 439-2355

FOR QUARTERLY PERIOD
APRIL, MAY, JUNE

DUE ON OR BEFORE
JULY 15, 2026

ACCT. # _____ FID #_____

NAME AND ADDRESS

1. Total wages subject to Cambridge Tax $
2. Cambridge taxes due @ 2.0% $
3. Adjustment to prior return $
4. Penalty $
5. Interest $
6. Total Balance/Due $
7. Amount Paid $

Is this a courtesy withholding? □ Yes □ No

Is this a final return? □ Yes □ No

If yes, attach explanation

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

Signature_____Date_____/____/_____

Phone #_____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS TAX RATE 2.0% EFFECTIVE 1/1/2010 □ AMENDED

FORM W-1 **EMPLOYER'S RETURN OF TAX WITHHELD**
CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT **2026**
828 WHEELING AVENUE
CAMBRIDGE, OHIO 43725-2596
TELEPHONE (740) 439-2355

FOR QUARTERLY PERIOD
JULY, AUGUST, SEPTEMBER

DUE ON OR BEFORE
OCTOBER 15, 2026

ACCT. # _____ FID #_____

NAME AND ADDRESS

1. Total wages subject to Cambridge Tax	$
2. Cambridge taxes due @ 2.0%	$
3. Adjustment to prior return	$
4. Penalty	$
5. Interest	$
6. Total Balance/Due	$
7. Amount Paid	$

Is this a courtesy withholding? □ Yes □ No

Is this a final return? □ Yes □ No

If yes, attach explanation

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

Signature_____Date_____/____/_____

Phone #_____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS TAX RATE 2.0% EFFECTIVE 1/1/2010 □ AMENDED

FORM W-1 **EMPLOYER'S RETURN OF TAX WITHHELD**
CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT **2026**
828 WHEELING AVENUE
CAMBRIDGE, OHIO 43725-2596
TELEPHONE (740) 439-2355

FOR QUARTERLY PERIOD
OCTOBER, NOVEMBER, DECEMBER

DUE ON OR BEFORE
JANUARY 15, 2027

ACCT. # _____ FID #_____

NAME AND ADDRESS

1. Total wages subject to Cambridge Tax	$
2. Cambridge taxes due @ 2.0%	$
3. Adjustment to prior return	$
4. Penalty	$
5. Interest	$
6. Total Balance/Due	$
7. Amount Paid	$

Is this a courtesy withholding? □ Yes □ No

Is this a final return? □ Yes □ No

If yes, attach explanation

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

Signature_____Date_____/____/_____

Phone #_____

FORM W-3 **EMPLOYER'S RECONCILIATION OF TAX WITHHELD – CITY OF CAMBRIDGE, INCOME TAX DEPARTMENT** □ AMENDED
828 WHEELING AVENUE ● CAMBRIDGE, OHIO 43725-2596 ● (740) 439-2355
INCOME TAX WITHHELD FOR THE YEAR 2026

1. Total number of employees _____
2. Total payroll subject to tax $_____
3. Withholding tax liability at .020 of line 2 $_____
4. Total remitted for the year (brought over from line 5) $_____

ACCT. #_____

NAME AND ADDRESS

PAYMENT SUMMARY

First quarter ending March 31	$
Second quarter ending June 30	$
Third quarter ending September 30	$
Fourth quarter ending December 31	$
5. Total remitted for the year	$

6. Overpayment $_____or additional tax due $

No taxes or refunds of less than $10.00 shall be collected or refunded

PAYMENT ENCLOSED □ **REFUND REQUESTED** □

COPIES OF ALL 1099'S ISSUED AND W2'S MUST BE ATTACHED TO THIS FORM AND RETURNED BY FEBRUARY 28

If additional tax is due, enclose payment with return

Submitted by_____Date_____
Official Title_____
Federal ID no. _____
Phone #_____

WITHHOLDING TAX WORKSHEET

(Keep for your records – DO NOT FILE)

Quarter Ending	Payment Date	Check Number	Date	Amount Paid
3/31	4/15	_____	_____	_____
6/30	7/15	_____	_____	_____
9/30	10/15	_____	_____	_____
12/31	1/15	_____	_____	_____