CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF JANUARY — DUE FEBRUARY 15

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$	
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$	
3. Adjustment of Tax for Prior Period 3	$	
TOTAL	$	

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

* Late filing fee, penalty and interest will be assessed upon late receipt of payment.

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPT.

CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF FEBRUARY — DUE MARCH 15

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$	
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$	
3. Adjustment of Tax for Prior Period 3	$	
TOTAL	$	

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF MARCH — DUE APRIL 15

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$	
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$	
3. Adjustment of Tax for Prior Period 3	$	
TOTAL	$	

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF APRIL **DUE MAY 15**

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$	
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$	
3. Adjustment of Tax for Prior Period 3	$	
TOTAL	$	

* Late filing fee, penalty and interest will be assessed upon late receipt of payment.

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF MAY **DUE JUNE 15**

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$	
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$	
3. Adjustment of Tax for Prior Period 3	$	
TOTAL	$	

* Late filing fee, penalty and interest will be assessed upon late receipt of payment.

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF JUNE **DUE JULY 15**

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$	
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$	
3. Adjustment of Tax for Prior Period 3	$	
TOTAL	$	

* Late filing fee, penalty and interest will be assessed upon late receipt of payment.

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF JULY **DUE AUGUST 15**

		Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$		
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$		
3. Adjustment of Tax for Prior Period 3	$		
TOTAL	$		

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF AUGUST **DUE SEPTEMBER 15**

		Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$		
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$		
3. Adjustment of Tax for Prior Period 3	$		
TOTAL	$		

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF SEPTEMBER **DUE OCTOBER 15**

		Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$		
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$		
3. Adjustment of Tax for Prior Period 3	$		
TOTAL	$		

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF OCTOBER **DUE NOVEMBER 15**

		Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$		
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$		
3. Adjustment of Tax for Prior Period 3	$		
TOTAL	$		

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF NOVEMBER **DUE DECEMBER 15**

		Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$		
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$		
3. Adjustment of Tax for Prior Period 3	$		
TOTAL	$		

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

* Late filing fee, penalty and interest will be assessed upon late receipt of payment.

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

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CITY OF GALLIPOLIS,OHIO - EMPLOYER'S RETURN OF TAX WITHHELD

MONTH OF DECEMBER **DUE JANUARY 15**

		Dollars	Cents
1. Total Gross Payroll Subject to City Tax 1	$		
2. Actual Tax Withheld for City Income Tax @ 1.5% 2	$		
3. Adjustment of Tax for Prior Period 3	$		
TOTAL	$		

TAX OFFICE USE ONLY

TOTAL PAID $ _____

CASH ____ CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

* Late filing fee, penalty and interest will be assessed upon late receipt of payment.

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

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CITY OF GALLIPOLIS, OHIO — WITHHOLDING TAX RECONCILIATION

CITY INCOME TAX WITHHELD FOR THE TAX YEAR _____ DUE FEBRUARY 28

Copies of W-2's of taxable employees must accompany the filing of this reconciliation form.
If nonemployee compensation was paid, copies of 1099-Misc. forms must also accompany this form.

		Dollars	Cents
1. Total Gross Payroll for the Year	1	$	
2. Less Payroll Not Subject to Tax (Please Explain)	2	$	
3. Payroll Subject to Tax	3	$	
4. Withholding Tax Liability @ 1% of line 3	4	$	

5. Remittance			
Month of January Due February 28		$	
Month of February Due March 31		$	
Month of March Due April 30		$	
Month of April Due May 31		$	
Month of May Due June 30		$	
Month of June Due July 31		$	
Month of July Due August 31		$	
Month of August Due September 30		$	
Month of September Due October 31		$	
Month of October Due November 30		$	
Month of November Due December 31		$	
Month of December Due January 31		$	
Total Remitted for the Year	5	$	
6. Overpayment Credit to Next Year *(Line 4 minus Line 5)*	6	$	
7. Additional Tax Due *(If under $1.00 - Do Not Remit)*	7	$	

TAX OFFICE USE ONLY

TOTAL PAID $ _____

❑ CASH ❑ CHECK _____

RECEIPT # _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

*Refunds are Not Issued to Active Accounts.

**Late filing fee, penalty and interest will be assessed upon receipt of payment.*

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

Use the space below for explanation of adjustments:

PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART.