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

FIRST QUARTER — DUE APRIL 30

		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

SECOND QUARTER — DUE JULY 31

		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

THIRD QUARTER — DUE OCTOBER 31

		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

FOURTH QUARTER **DUE JANUARY 31**

		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 - WITHHOLDING TAX RECONCILIATION

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

Copies of W-2s of taxable employees must accompany the filing of this reconciliation form.
Copies of all 1099-Misc. Forms must also accompany this form.

		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	$		
4. Actual Tax Withheld Per W-2s 4	$		

5. First Quarter Payments Due April 30.....	$		
Second Quarter Payments Due July 31	$		
Third Quarter Payments Due October 31.....	$		
Fourth Quarter Payments 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 $10.01 - Do Not Remit) 7	$		

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 # _____

Use the space below for explanation of adjustments:

PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPT.
PO Box 339, Gallipolis, Ohio 45631