



DIVISION OF TAXATION  
CITY OF WESTERVILLE  
P.O. BOX 130  
WESTERVILLE, OHIO 43086-0130

**IMPORTANT TAX INFORMATION**

**EMPLOYER MUNICIPAL MONTHLY WITHHOLDING BOOKLET**

**IN ORDER TO INSURE PROPER POSTING OF  
YOUR WITHHOLDING ACCOUNT, PLEASE USE  
THE ENCLOSED WITHHOLDING FORMS. PLEASE  
MAKE SURE YOU HAVE YOUR NAME, CURRENT  
ADDRESS AND FEDERAL ID# ON EACH  
REMITTANCE TO THE CITY OF WESTERVILLE.  
THANK YOU FOR YOUR ASSISTANCE.**

## GENERAL INFORMATION

1. EACH EMPLOYER LOCATED OR DOING BUSINESS WITHIN THE CITY OF WESTERVILLE, OHIO, WHO EMPLOYS ONE OR MORE PERSONS IS REQUIRED TO WITHHOLD THE TAX OF 2.0% FROM ALL EMPLOYEE COMPENSATION AT THE TIME OF PAYMENT, WILL BE PAID ON OR BEFORE THE LAST DAY OF EACH MONTH FOLLOWING THE CALENDAR QUARTER ENDING MARCH 31, JUNE 30, SEPTEMBER 30 AND DECEMBER 31,  
  
MAKE A RETURN AND REMIT THE TAX WITHHELD DURING THE PRECEDING CALENDAR QUARTER TO THE INCOME TAX DIVISION, P.O. BOX 130, WESTERVILLE, OHIO 43086-0130. APPLICABLE FOR WITHHELD INCOME TAX IN AMOUNTS LESS THAN \$200.00 PER MONTH.  
  
MONTHLY DEPOSITS ARE REQUIRED WHEN THE TAX LIABILITY IS \$200.00 OR MORE PER MONTH. MONTHLY DEPOSITS WILL BE RECEIVED NOT LATER THAN 15 DAYS AFTER THE CLOSE OF THE CALENDAR MONTH.  
  
SEMI MONTHLY DEPOSITS ARE REQUIRED IF TAXES WITHHELD EXCEED \$1,000 PER MONTH. THE RETURNS AND PAYMENTS WILL BE RECEIVED NOT LATER THAN 3 BUSINESS DAYS AFTER THE 15TH AND THE LAST DAY OF THE MONTH.
2. DELINQUENT RETURNS AND PAYMENTS SHALL BE SUBJECT TO PENALTY AND INTEREST AT THE RATE OF 50% PENALTY AND AT .583% PER MONTH, OR FRACTION THEREOF, FOR INTEREST.
3. THE FAILURE OF ANY EMPLOYER TO RECEIVE OR PROCURE FORM WW-1 IS NOT REASONABLE CAUSE FOR FAILING TO MAKE PAYMENT AND TO FILE A RETURN. A RETURN IS DUE FOR EACH REPORTING PERIOD AS REQUIRED, EVEN IF THERE IS NO LIABILITY FOR THAT PERIOD.
4. AN ANNUAL RECONCILIATION IS REQUIRED TO BE FILED WITH COPIES OF FEDERAL FORM W-2 BY FEBRUARY 28 FOLLOWING EACH CALENDAR YEAR. CONTACT OUR OFFICE FOR THE SPEC'S FOR THE ACCEPTED FORMAT THAT WILL NEED TO ACCOMPANY THIS COMPLETED W-3. ACCEPTABLE FORMS OF MAGNETIC MEDIA IS A CDROM.
5. ANY PERSON, INCLUDING CORPORATIONS, PARTNERSHIPS, EMPLOYERS, ESTATES AND TRUSTS, WHO FILES 250 OR MORE INFORMATION RETURNS OF FORM W-2 FOR ANY CALENDAR YEAR, MUST FILE THESE RETURNS USING MAGNETIC MEDIA OR SUCH OTHER PROCESS AS DETERMINED ACCEPTABLE TO THE FINANCE DIRECTOR. ALL REQUIREMENTS APPLY SEPARATELY TO BOTH ORIGINAL AND CORRECTED FORMS.

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

|   |    |  |
|---|----|--|
| 1. Tax withheld on income earned in Westerville, (2.0% rate) .....    | \$ |  |
| 2. Residence tax withheld.....  | \$ |  |
| 3. Adjustments to Prior Returns .....                                 | \$ |  |
| 4. Balance Due with this Form. Pay this amount in FULL .....          | \$ |  |
| 5. Late Payment Penalty Charge (50%).....                             | \$ |  |
| 6. Late Interest Charge at .583% per month.....                       | \$ |  |
| 7. <b>TOTAL DUE</b> (Make check payable to City of Westerville) ..... | \$ |  |

FOR CITY USE ONLY

Federal I.D. No.

**File With: City of Westerville  
Income Tax Division  
P.O. Box 130  
Westerville, Ohio 43086-0130  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**JANUARY 31, 2020**

RECEIVED ON OR BEFORE  
**FEBRUARY 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

Please make corrections if necessary

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

|   |    |  |
|---|----|--|
| 1. Tax withheld on income earned in Westerville, (2.0% rate) .....    | \$ |  |
| 2. Residence tax withheld.....  | \$ |  |
| 3. Adjustments to Prior Returns .....                                 | \$ |  |
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| 5. Late Payment Penalty Charge (50%).....                             | \$ |  |
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P.O. Box 130  
Westerville, Ohio 43086-0130  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**FEBRUARY 28, 2020**

RECEIVED ON OR BEFORE  
**MARCH 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

Please make corrections if necessary

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

|   |    |  |
|---|----|--|
| 1. Tax withheld on income earned in Westerville, (2.0% rate) .....    | \$ |  |
| 2. Residence tax withheld.....  | \$ |  |
| 3. Adjustments to Prior Returns .....                                 | \$ |  |
| 4. Balance Due with this Form. Pay this amount in FULL .....          | \$ |  |
| 5. Late Payment Penalty Charge (50%).....                             | \$ |  |
| 6. Late Interest Charge at .583% per month.....                       | \$ |  |
| 7. <b>TOTAL DUE</b> (Make check payable to City of Westerville) ..... | \$ |  |

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P.O. Box 130  
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(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**MARCH 31, 2020**

RECEIVED ON OR BEFORE  
**APRIL 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

Please make corrections if necessary

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**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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P.O. Box 130  
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(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**APRIL 30, 2020**

RECEIVED ON OR BEFORE  
**MAY 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

Please make corrections if necessary

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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|---|----|--|
| 1. Tax withheld on income earned in Westerville, (2.0% rate) .....    | \$ |  |
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| 3. Adjustments to Prior Returns .....                                 | \$ |  |
| 4. Balance Due with this Form. Pay this amount in FULL .....          | \$ |  |
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(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**MAY 31, 2020**

RECEIVED ON OR BEFORE  
**JUNE 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

Please make corrections if necessary



**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**JUNE 30, 2020**

RECEIVED ON OR BEFORE  
**JULY 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

Please make corrections if necessary

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**JULY 31, 2020**

RECEIVED ON OR BEFORE  
**AUGUST 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

Please make corrections if necessary

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**AUGUST 31, 2020**

RECEIVED ON OR BEFORE  
**SEPTEMBER 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

Please make corrections if necessary

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

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(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**SEPTEMBER 30, 2020**

RECEIVED ON OR BEFORE  
**OCTOBER 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

Please make corrections if necessary

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**OCTOBER 31, 2020**

RECEIVED ON OR BEFORE  
**NOVEMBER 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

Please make corrections if necessary

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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P.O. Box 130  
Westerville, Ohio 43086-0130  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**NOVEMBER 30, 2020**

RECEIVED ON OR BEFORE  
**DECEMBER 15, 2020**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

Please make corrections if necessary

**CITY OF WESTERVILLE, OHIO – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**DECEMBER 31, 2020**

RECEIVED ON OR BEFORE  
**JANUARY 15, 2021**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to City of Westerville Income Tax Ordinance and regulations.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

Please make corrections if necessary

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

# INSTRUCTIONS

1. Indicate the number of employees/number of W2's submitted.
2. Total of Westerville wages as shown on W2's.
3. Total of Westerville Tax withheld as shown on W2's.
4. If you file withholding taxes monthly or semi-monthly, list each month's total payment and then record the total for the year on line 4.

If you file quarterly withholding, list each quarter's deposit and then record the total for the year on line 4. Any discrepancy between the amounts shown on lines 3 and 4 must be explained in an attached statement.

If additional tax is due payment must be included and mailed with this report. Penalty and interest will be assessed where applicable.

If name, address or identification number is incorrect, please make corrections. If this is a Final Return, please indicate.

Mail reconciliation with W2 copies by February 28 to City of Westerville, Income Tax Division, P.O. Box 130, Westerville, Ohio 43086-0130.



**Reconciliation Returns of Income Tax Withheld for Westerville, Ohio,**

**YEAR \_\_\_\_\_ WW-3**

|  |                         |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |
|--|-------------------------|---|-----|------|-----|-----|-----|------|-----|-----|-----|-----|------|-----|---------|---------|---------|---------|
| Date Due: February 28<br><br>1. Total Westerville W-2's ..... _____<br>2. Wages Subject to Withholding Tax ..... _____<br>3. Amount of Tax Withheld ..... _____<br>4. Total Tax Paid ..... _____<br><br>Federal I.D. No. _____ | W-2's must be attached. | If you filed <b>monthly or semi-monthly</b> returns, record each months total deposits below:<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>JAN</td><td>JULY</td></tr> <tr><td>FEB</td><td>AUG</td></tr> <tr><td>MAR</td><td>SEPT</td></tr> <tr><td>APR</td><td>OCT</td></tr> <tr><td>MAY</td><td>NOV</td></tr> <tr><td>JUNE</td><td>DEC</td></tr> </table> If you filed quarterly, record each quarter's deposit below:<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1ST QTR</td><td>3RD QTR</td></tr> <tr><td>2ND QTR</td><td>4TH QTR</td></tr> </table> I hereby certify that the information and statements contained herein are true and correct.<br><br>(Signed) _____<br><br>(Title) _____ Date _____ | JAN | JULY | FEB | AUG | MAR | SEPT | APR | OCT | MAY | NOV | JUNE | DEC | 1ST QTR | 3RD QTR | 2ND QTR | 4TH QTR |
| JAN  | JULY                    |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |
| FEB  | AUG                     |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |
| MAR  | SEPT                    |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |
| APR  | OCT                     |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |
| MAY  | NOV                     |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |
| JUNE   | DEC                     |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |
| 1ST QTR  | 3RD QTR                 |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |
| 2ND QTR  | 4TH QTR                 |   |     |      |     |     |     |      |     |     |     |     |      |     |         |         |         |         |

Please make corrections if necessary

# MONTHLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

| Month Ending | Due Date | Check Number | Date  | Amount | Month Ending | Due Date | Check Number | Date  | Amount |
|--------------|----------|--------------|-------|--------|--------------|----------|--------------|-------|--------|
| 1/31         | 2/15     | _____        | _____ | _____  | 7/31         | 8/15     | _____        | _____ | _____  |
| 2/28         | 3/15     | _____        | _____ | _____  | 8/31         | 9/15     | _____        | _____ | _____  |
| 3/31         | 4/15     | _____        | _____ | _____  | 9/30         | 10/15    | _____        | _____ | _____  |
| 4/30         | 5/15     | _____        | _____ | _____  | 10/31        | 11/15    | _____        | _____ | _____  |
| 5/31         | 6/15     | _____        | _____ | _____  | 11/30        | 12/15    | _____        | _____ | _____  |
| 6/30         | 7/15     | _____        | _____ | _____  | 12/31        | 1/15     | _____        | _____ | _____  |