



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 .667% 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 .667% per month.....	\$	
7. TOTAL DUE (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, 2021

RECEIVED ON OR BEFORE
FEBRUARY 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.

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

FOR THE PERIOD ENDING
FEBRUARY 28, 2021

RECEIVED ON OR BEFORE
MARCH 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 _____

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

FOR THE PERIOD ENDING
MARCH 31, 2021

RECEIVED ON OR BEFORE
APRIL 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 _____

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FOR THE PERIOD ENDING
APRIL 30, 2021

RECEIVED ON OR BEFORE
MAY 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 _____

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

FOR THE PERIOD ENDING
MAY 31, 2021

RECEIVED ON OR BEFORE
JUNE 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

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Westerville, Ohio 43086-0130
(614) 901-6420
FAX (614) 901-6820**

FOR THE PERIOD ENDING
JUNE 30, 2021

RECEIVED ON OR BEFORE
JULY 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 _____

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Westerville, Ohio 43086-0130
(614) 901-6420
FAX (614) 901-6820**

FOR THE PERIOD ENDING
JULY 31, 2021

RECEIVED ON OR BEFORE
AUGUST 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 _____

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Westerville, Ohio 43086-0130
(614) 901-6420
FAX (614) 901-6820**

FOR THE PERIOD ENDING
AUGUST 31, 2021

RECEIVED ON OR BEFORE
SEPTEMBER 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

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

FOR THE PERIOD ENDING
SEPTEMBER 30, 2021

RECEIVED ON OR BEFORE
OCTOBER 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.

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(614) 901-6420
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FOR THE PERIOD ENDING
OCTOBER 31, 2021

RECEIVED ON OR BEFORE
NOVEMBER 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

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FOR THE PERIOD ENDING
NOVEMBER 30, 2021

RECEIVED ON OR BEFORE
DECEMBER 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 _____

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

FOR THE PERIOD ENDING
DECEMBER 31, 2021

RECEIVED ON OR BEFORE
JANUARY 15, 2022

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 1. Total Westerville W-2's _____ 2. Wages Subject to Withholding Tax _____ 3. Amount of Tax Withheld _____ 4. Total Tax Paid _____ Federal I.D. No. _____	W-2's must be attached.	If you filed monthly or semi-monthly returns, record each months total deposits below: <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: <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. (Signed) _____ (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	_____	_____	_____