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 \$ TOTAL PAID \$ 2. Actual Tax Withheld for City Income Tax @ 1% 2 □ CASH □ CHECK 3. Adjustment of Tax for Prior Period 3 RECEIPT # ____ \$ TOTAL_ *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY MONTHS LATE Account # _____ Federal ID # ____ INTEREST _____ DATE BILLED Name Address _____ City, State, Zip ___ Submitted By ____Telephone # PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART. CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD MONTH OF FEBRUARY. DUE MARCH 15 Cents Dollars TAX OFFICE USE ONLY 1. Total Gross Payroll Subject to City Tax 1 TOTAL PAID \$ ___ 2. Actual Tax Withheld for City Income Tax @ 1% 2 CASH CHECK 3. Adjustment of Tax for Prior Period 3 RECEIPT # ____ *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY MONTHS LATE INTEREST______ DATE BILLED___ Account # _____ Federal ID # _____ Name Address City, State, Zip _____ Submitted By ____ ___Telephone # PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART. CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD MONTH OF MARCH, DUE APRIL 1.5 Dollars Cents TAX OFFICE USE ONLY TOTAL PAID \$ 2. Actual Tax Withheld for City Income Tax @ 1% 2 CASH CHECK_ 3. Adjustment of Tax for Prior Period 3 RECEIPT # _____ LATE FEE TOTAL *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY _____ MONTHS LATE____ INTEREST _____ DATE BILLED ____ Account # _____ Federal ID # _____ Name Address City, State, Zip _____ Submitted By ___ Telephone #

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

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

MONTH OF APRIL,

DUE MAY 15

Dollars Cents

TAX OFFICE USE ONLY

TOTAL PAID \$

TOTAL PAID \$

TAX OFFICE USE ONLY

TOTAL PAID \$

T

1. Total Gross Payroll Subject to City Tax	\$			TOTAL PAID \$	
2. Actual Tax Withheld for City Income Tax @ 1%				CASH CHECK	
TOTAL	\$			LATE FEE	TOTAL
*Late filing fee, penalty and interest will be assessed upon r	receip	ot of payment.		PENALTY	MONTHS LATE
Account # Federal ID #			2	INTEREST	DATE BILLED
Name			2		
Address			E		
City, State, Zip			g		
Submitted By			-		
Date Telephone # PLEASE RETURN THIS COPY AND MAKE CHECKS	S PAY	/ABLE TO THE (CITY OF G	ALLIPOLIS INCOME T	TAX DEPART.
CITY OF GALLIPOLIS, OHIO —					ELD
MONTH OF MAY, _			DUE JU	INE 15	
		Dollars	Cents		E USE ONLY
1, Total Gross Payroll Subject to City Tax	\$			TOTAL PAID \$	
2. Actual Tax Withheld for City Income Tax @ 1%	\$			CASH CHECK_	
3. Adjustment of Tax for Prior Period	\$			RECEIPT #	
*Late filing fee, penalty and interest will be assessed upon r		nt of navment		PENALTY	
	-			INTEREST	
Account # Federal ID #					
Name			-		
Address			-		
City, State, Zip			-		
Submitted By			_		
Date Telephone #	S PA\	ABLE TO THE (CITY OF G	ALLIPOLIS INCOME T	AX DEPART.
CITY OF GALLIPOLIS, OHIO -	EMF	PLOYER'S F	RETURN	OF TAX WITHH	ELD
MONTH OF JUNE,				ULY:15	
		Dollars	Cents	TAX OFFIC	DE USE ONLY
1. Total Gross Payroll Subject to City Tax 1	\$			TOTAL PAID \$	
2. Actual Tax Withheld for City Income Tax @ 1% 2	\$			□ CASH □ CHECK	
3. Adjustment of Tax for Prior Period	\$				
*Late filing fee, penalty and interest will be assessed upon r	\$	t of normant		LATE FEE	
				PENALTYINTEREST	
Account # Federal ID #			-	INTERECT	DATE VILLED
Name			-		
Address			2		
City, State, Zip			4		
Submitted By			1		

Date _____Telephone # _____PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART.

CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD MONTH OF JULY, _ **DUE AUGUST 15** Dollars Cents TAX OFFICE USE ONLY 1. Total Gross Payroll Subject to City Tax 1 \$ TOTAL PAID \$ 2. Actual Tax Withheld for City Income Tax @ 1% 2 □ CASH □ CHECK 3. Adjustment of Tax for Prior Period 3 RECEIPT # ___ \$ TOTAL LATE FEE *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY MONTHS LATE INTEREST _____ DATE BILLED ____ Account # _____ Federal ID # __ Name City, State, Zip ___ Submitted By _Telephone # PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART. CITY OF GALLIPOLIS. OHIO — EMPLOYER'S RETURN OF TAX WITHHELD MONTH OF AUGUST, **DUE SEPTEMBER 15** Dollars Cents TAX OFFICE USE ONLY 1. Total Gross Payroll Subject to City Tax 1 TOTAL PAID \$ 2. Actual Tax Withheld for City Income Tax @ 1% 2 CASH CHECK 3. Adjustment of Tax for Prior Period 3 RECEIPT # ____ _____TOTAL LATE FEE *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY MONTHS LATE INTEREST_____ Account # Federal ID # DATE BILLED Name Address City, State, Zip _____ Submitted By ____ Telephone # PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART. CITY OF GALLIPOLIS, OHIO - EMPLOYER'S RETURN OF TAX WITHHELD MONTH OF SEPTEMBER. DUE OCTOBER 15 Dollars Cents TAX OFFICE USE ONLY 1. Total Gross Payroll Subject to City Tax 1 TOTAL PAID \$ □ CASH □ CHECK __ RECEIPT # \$ *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY MONTHS LATE INTEREST _____ DATE BILLED ____ Account # Federal ID # Name Address

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

City, State, Zip

Telephone #

Submitted By __

CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD MONTH OF OCTOBER, **DUE NOVEMBER 15** Dollars Cents TAX OFFICE USE ONLY 1. Total Gross Payroll Subject to City Tax 1 \$ TOTAL PAID \$ 2. Actual Tax Withheld for City Income Tax @ 1% 2 □ CASH □ CHECK 3. Adjustment of Tax for Prior Period 3 RECEIPT # ____ \$ LATE FEE ______ TOTAL *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY _____ MONTHS LATE_ INTEREST _____ DATE BILLED ____ Account # _____ Federal ID #__ Name Address _____ City, State, Zip ___ Submitted By _ Telephone # PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART. CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD MONTH OF NOVEMBER, DUE DECEMBER 15 Dollars Cents TAX OFFICE USE ONLY 1, Total Gross Payroll Subject to City Tax 1 TOTAL PAID \$ 2. Actual Tax Withheld for City Income Tax @ 1% 2 CASH CHECK 3. Adjustment of Tax for Prior Period 3 RECEIPT # ___ LATE FEE TOTAL *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY MONTHS LATE INTEREST _____ DATE BILLED Account # _____ Federal ID # _____ Name Address City, State, Zip _____ Submitted By ____ Telephone # PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART. CITY OF GALLIPOLIS, OHIO - EMPLOYER'S RETURN OF TAX WITHHELD MONTH OF DECEMBER. DUE JANUARY 15 Dollars Cents TAX OFFICE USE ONLY TOTAL PAID \$ 2. Actual Tax Withheld for City Income Tax @ 1% 2 CASH CHECK_ \$ RECEIPT # TOTAL LATE FEE TOTAL *Late filing fee, penalty and interest will be assessed upon receipt of payment. PENALTY _____ MONTHS LATE____ INTEREST_____ DATE BILLED___ Account # _____ Federal ID # _____ Name Address City, State, Zip Submitted By ___ Telephone # PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPART.

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	TAX OFFICE USE ONLY
1. Total Gross Payroli for the Year 1	\$			TOTAL PAID \$
2. Less Payroll Not Subject to Tax (Please Explain)	\$			CASH CHECK
3. Payroll Subject to Tax	\$			RECEIPT #
4. Withholding Tax Liability @ 1% of line 3 4	\$			LATE FEE TOTAL
				PENALTY MONTHS LATE
5. Remittance Month of January Due February 28	\$			INTEREST DATE BILLED
	\$			
Month of February Due March 31	\$			
Month of March Due April 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	\$			
*Refunds are Not Issued to Active Accounts and/or Amounts Under \$1.00.				
*Late filing fee, penalty and interest will be assessed upon rece	ipt of p	payment.		
Account # Federal ID #				
Name			-	
Address				
City, State, Zip			_	

Use the space below for explanation of adjustments:

Date _____ Telephone # ____

Submitted By ___