

**CITY OF GALLIPOLIS, OHIO - EMPLOYER'S RETURN OF TAX WITHHELD**  
**MONTH OF JANUARY** **DUE FEBRUARY 15**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

<b>TAX OFFICE USE ONLY</b>	
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**

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**

	Dollars	Cents
\$		
\$		
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**CITY OF GALLIPOLIS, OHIO - EMPLOYER'S RETURN OF TAX WITHHELD**  
**MONTH OF MARCH** **DUE APRIL 15**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

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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**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

TAX OFFICE USE ONLY	
TOTAL PAID \$ _____	
CASH _____	CHECK _____
LATE FEE _____	TOTAL _____
PENALTY _____	MONTHS LATE _____
INTEREST _____	DATE BILLED _____

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Account # \_\_\_\_\_ Federal ID # \_\_\_\_\_  
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Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Submitted By \_\_\_\_\_  
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**CITY OF GALLIPOLIS, OHIO - EMPLOYER'S RETURN OF TAX WITHHELD**  
**MONTH OF MAY** **DUE JUNE 15**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

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 JUNE** **DUE JULY 15**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

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 JULY** **DUE AUGUST 15**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

TAX OFFICE USE ONLY	
TOTAL PAID \$ _____	
CASH _____	CHECK _____
LATE FEE _____	TOTAL _____
PENALTY _____	MONTHS LATE _____
INTEREST _____	DATE BILLED _____

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Account # \_\_\_\_\_ Federal ID # \_\_\_\_\_  
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Address \_\_\_\_\_  
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**CITY OF GALLIPOLIS, OHIO - EMPLOYER'S RETURN OF TAX WITHHELD**  
**MONTH OF AUGUST** **DUE SEPTEMBER 15**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

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**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

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**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

\* 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 NOVEMBER** **DUE DECEMBER 15**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

\* 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 DECEMBER** **DUE JANUARY 15**

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**

	Dollars	Cents
\$		
\$		
\$		
\$		

\* 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 — 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 \$ _____	
<input type="checkbox"/> CASH <input type="checkbox"/> 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:

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