

**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

	Dollars	Cents
1	\$	
2	\$	
3	\$	
<b>TOTAL</b>	<b>\$</b>	

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  
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

	Dollars	Cents
1	\$	
2	\$	
3	\$	
<b>TOTAL</b>	<b>\$</b>	

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 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

	Dollars	Cents
1	\$	
2	\$	
3	\$	
<b>TOTAL</b>	<b>\$</b>	

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  
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
\$	
\$	
\$	
\$	
<b>TOTAL</b>	

\* 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 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
\$	
\$	
\$	
\$	
<b>TOTAL</b>	

\* 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 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
\$	
\$	
\$	
\$	
<b>TOTAL</b>	

\* 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 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

	<b>Dollars</b>	<b>Cents</b>
1	\$	
2	\$	
3	\$	
<b>TOTAL</b>	<b>\$</b>	

\* 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 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**

	<b>Dollars</b>	<b>Cents</b>
1	\$	
2	\$	
3	\$	
<b>TOTAL</b>	<b>\$</b>	

\* 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 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**

	<b>Dollars</b>	<b>Cents</b>
1	\$	
2	\$	
3	\$	
<b>TOTAL</b>	<b>\$</b>	

\* 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 \_\_\_\_\_

**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 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 .....

6. Overpayment Credit to Next Year (Line 4 minus Line 5) ...

7. Additional Tax Due (If under \$1.00 - Do Not Remit) .....

\*Refunds are Not Issued to Active Accounts.

\*Late filing fee, penalty and interest will be assessed upon receipt of payment.

TAX OFFICE USE ONLY	
TOTAL PAID \$ _____	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK _____
RECEIPT # _____	
LATE FEE _____	TOTAL _____
PENALTY _____	MONTHS LATE _____
INTEREST _____	DATE BILLED _____

Account # \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Submitted By \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_

Use the space below for explanation of adjustments: