

**CITY OF GALLIPOLIS, OHIO - EMPLOYER'S RETURN OF TAX WITHHELD
FIRST QUARTER**

DUE APRIL 30

- 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 _____

* 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
SECOND QUARTER**

DUE JULY 31

- 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 _____

* 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
THIRD QUARTER**

DUE OCTOBER 31

- 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 _____

* 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
FOURTH QUARTER DUE JANUARY 31**

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax1	\$	
2. Actual Tax Withheld for City Income Tax @ 1.5%2	\$	
3. Adjustment of Tax for Prior Period3	\$	
TOTAL	\$	

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 - WITHHOLDING TAX RECONCILIATION
CITY INCOME TAX WITHHELD FOR THE YEAR _____ DUE FEBRUARY 28**

Copies of W-2s of taxable employees must accompany the filing of this reconciliation form.
Copies of all 1099-Misc. Forms must also accompany this form.

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax1	\$	
2. Actual Tax Withheld for City Income Tax @ 1.5%2	\$	
3. Adjustment of Tax for Prior Period3	\$	
4. Actual Tax Withheld Per W-2s4	\$	
5. First Quarter Payments Due April 30.....	\$	
Second Quarter Payments Due July 31	\$	
Third Quarter Payments Due October 31.....	\$	
Fourth Quarter Payments Due January 31.....	\$	
Total Remitted for the Year	\$	
6. Overpayment Credit to Next Year (Line 4 minus Line 5)6	\$	
7. Additional Tax Due (If under \$10.01 - Do Not Remit)7	\$	

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 # _____

Use the space below for explanation of adjustments: